



Complete this form and return to us:

MAIL TO: ACG OF NY PROCESSING CENTER 100 Lido Blvd. #188 Pt. Lookout, NY 11569

FAX TO: 516-897-7026 (Call 516-889-5500 to confirm receipt of your fax)

ACG of NY APPLICATION FOR PROPERTY TAX REDCUTION

- 1. DESIGNATION OF REPRESENTATIVE: I hereby authorize ACG of NY to process my application for a property tax reduction in 2016 for the applicable tentative assessment roll... 2. FEES: I have read and understand that I will pay ACG a percentage of the First Year's tax savings that they obtain for my property.

Table with 7 columns: County, APPLICATION TAX YEAR, Discounted Contingency Fee (% of Savings), Undiscounted Contingency Fee (% of Savings), Market Analysis Fee FOR SUCCESSFUL REDUCTIONS ONLY, NYS Court* imposed filing fee Only if an appeal is warranted and required, ACG'S FEE IF WE ARE NOT SUCCESSFUL IN OBTAINING A REDUCTION

The Market Analysis Fee, where applicable, is waived if I supply a certified appraisal dated within 18 months prior to 5/1/2016). I agree to pay ACG within 60 days of receiving official notification of reduction; to pay such fees in the event I sell or move out of the subject property; to pay reasonable collection/attorney's fees incurred by ACG and 1% interest per month on the amount due should I fail to pay fees due within 60 days.

Should my case require an appeal, a Court imposed filing fee (\$30) will apply, I authorize ACG to negotiate any refund checks obtained and deduct its fees therefrom.

3) ELIGIBILITY: I understand that only A) a person named in the County records as a homeowner; or B) that person's authorized agent; or C) a person who has contracted to buy a home; or D) the estate of a deceased homeowner, is eligible under law to receive a property tax refund.

4) NOTIFICATIONS: I am not required by law to use a tax reduction service to apply for a reduction in assessment and that I can cancel within 10 days of signing this agreement, without penalty, by written notice.

For Rockland & Westchester Counties only: I understand that I may be requested to produce documents for the Board of Assessment Review and I agree to provide copies of requested documents (to the extent I have them) to ACG.

I have agreed to the terms and conditions and agree to have ACG of NYC file my Property Tax Grievance in 2016. I am qualified to authorize this agreement per the terms above, and agree that my electronic signature is binding.

COUNTY (CIRCLE ONE) NASSAU ORANGE PUTNAM ROCKLAND SUFFOLK WESTCHESTER

OWNER'S NAME (Please Print) HOME PHONE WORK or MOBILE PHONE STREET ADDRESS CITY NY ZIP CODE Section - Block - Lot (if available) OWNER'S SIGNATURE DATE EMAIL ADDRESS

Do you reside at this address? [] YES [] NO Did you file a property tax grievance in 2015? [] YES [] NO

