WESTCHESTER COUNTY CLERK

Timothy C. Idoni
County Clerk

January 23, 2012

Mr. Abraham Zambrano, Village Manager
Village of Croton-on-Hudson
One Van Wyck Street
Croton-on-Hudson, New York 10520

RE: Small Claims Assessment Review Petition Filing
Westchester County Clerk as Clerk of the Supreme Court

Dear Mr. Zambrano:

The dramatic rise in the number of Small Claims Assessment Review (SCAR) petitions filed in this office has had a major impact on all municipal governments. From the year 2006 (894) to 2011 (10,638), the number of actions presented has risen more than ten-fold. Your assessment rolls and our operational capabilities have been severely tested.

In an effort to address our increased workload, the County Clerk's Office began accepting electronically filed SCAR petitions via the New York State Courts Electronic Filing (NYSCEF) System on March 1, 2011. We were pleased to see approximately 50 percent of our SCAR petitions filed via that electronic system in 2011.

When we made filing via the NYSCEF system available, we had inquiries from some of our new filers as to whether we would allow the same bulk upload procedure that is currently available in Nassau county. This system allows filers to upload all of the data associated with a petition which can then be pulled into the petition template in lieu of an actual signed petition. A number of municipalities signed up last year to be part of the program and it has proven to be a great enhancement to productivity and efficiency. I am writing to ask if the Village of Croton-on-Hudson would be interested in participating in the bulk filing program.

The program proceeds, in general terms, as follows:

- The Village of Croton-on-Hudson would sign a form (enclosed) stipulation indicating that the village will not object to the validity of commencement of any SCAR action commenced via the NYSCEF bulk filing system, which accepts all of the data associated with a petition in lieu of a physically signed petition.

- A filer wishing to use the NYSCEF bulk filing option would need to sign the stipulation before participating in the program.

- A filer wishing to commence using the bulk filing program would be required to transmit the data for every field in the SCAR petition.

- A filer participating in the program would still be required to serve the municipality in hard copy UNLESS the municipality would prefer to waive hardcopy service.

- At the end of the filing period, all of the data provided by the filer would be transmitted to the municipality in lieu of a paper filing if the municipality has waived service.

I will be in touch with you shortly to answer any questions that may arise. Should you wish to contact me directly, I can be reached at (914) 995-3081 or tci2@westchestergov.com Thank you very much for your consideration.

Sincerely,

Timothy C. Idoni
Westchester County Clerk

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

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In the Matter of

TAXPAYERS WHO FILE SMALL CLAIMS ASSESSMENT REVIEW (SCAR) PETITIONS BY ELECTRONIC MEANS,

STIPULATION CONSENTING TO ELECTRONIC FILING

Petitioners,

2012 SMALL CLAIMS ASSESSMENT REVIEW FILINGS

-against-

THE VILLAGE OF CROTON-ON-HUDSON,

Respondents.

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WHEREAS the Chief Administrator of the courts has established a program in which documents may be filed with the Supreme Court electronically through the New York State Courts Electronic Filing System ("NYSCEF") pursuant to Part 202 of the Uniform Rules for the Supreme and County Courts ("Uniform Rules"); and

WHEREAS the undersigned attorneys/filing agents for the respective parties desire to facilitate implementation of New York State E-Filing in as many small claims assessment review (hereinafter "SCAR") proceedings as may be commenced within the statutory deadline for the 2012 final assessment roll; and

WHEREAS "petitioners" shall mean "petitioners or petitioners' representatives" and "respondents" shall mean the Boards of Assessment Review of/and the Village of Croton-on-Hudson or their representatives and "respondents or respondents' representatives" wherever used in this stipulation; and

WHEREAS the Office of Court Administration has agreed to transmit a data file upon request in conformity with the parties' or their representatives' needs that encompasses all electronically filed SCAR petitions:

IT IS HEREBY STIPULATED AND AGREED, by and between the undersigned, that:

(1). Petitioners and respondents consent to electronic filing for the commencement of all SCAR proceedings commenced within or before the statutory deadline for the 2012 final assessment roll and for the electronic filing of all subsequent documents in said proceedings.

Commencement shall be deemed to have occurred when the Court's Receipt of Filing and Payment for Small Claims Assessment Review Cases, which must include the SCAR numbers, in substantially the same form annexed hereto as Exhibit "A" ("Court Receipt"), is delivered to petitioners. Petitioners shall file their petitions and pay the filing fee for each such petition on or before the statutory deadline. Petitioners shall retain the Court Receipt and provide a copy to respondents upon request.

(2). Proper service of the electronically filed petitions pursuant to Rule 202.5-b(f)(1) of the Uniform Rules shall be effected upon all the undersigned respondents by delivery of a hard copy version of the electronic petition in the form specified in Paragraph 3 hereof in the manner prescribed by the CPLR or the RPTL.

(3). As between the undersigned consenting petitioners and respondents, the electronic version of the petition created in NYSCEF from data submitted by the petitioners shall constitute the petition and shall be deemed signed by the petitioners, provided that, prior to filing, the petition is signed in hard copy form and the electronic record of the petition bears the word "Signed" on all required signature lines. The petition in hard-copy form shall be signed in Part V by the owner or representative and either signed in Part IV (regarding designation of representative) by the owner or contain in Part IV an indication that said designation is on file with the representative. Petitioners shall serve upon respondents a copy of each petition in hard copy form signed as required above. Petitioners shall retain the original hard copy petitions, signed as required above, and all original associated designations until the conclusion of all proceedings, including Article 78 review and any appeals, and shall provide copies to any party upon request.

(4). To the extent that petitioners utilize the template of the electronic filing system for their petitions, annexed hereto as Exhibit "B", petitioners agree that the original petitions retained by their counsel/filing agent as required by Paragraph (3) hereof and the hard copy served upon the undersigned respondents shall be in substantially the same form as Exhibit "B." Further, petitioners agree that all data elements in the template and the hard copy shall be identical, except that, as provided in Paragraph (3), the electronic version of the petition need not be signed.

(5). As to proceedings commenced electronically in accordance with this Stipulation, the undersigned respondents waive only those defenses regarding the validity of commencement by electronic filing and may assert any and all substantive defenses regarding the petition and the proceeding.

(6). This stipulation is valid for SCAR proceedings commenced against the Village of Croton-on-Hudson in Westchester County for the 2012 final assessment roll.

Dated: _____ , 2012

_____ , New York

Petitioner/Counsel/Filing Agent	Respondent(s)
Mailing Address	Mailing Address
Telephone Number	Telephone Number
Fax Number	Fax Number
E-mail Address	E-mail Address
NYSCEF User ID	

EXHIBIT A

NYSCEF Small Claims Assessment Review - Receipt

Filing User Information

Filing User Name	Michael Dyer		
Phone Number	518-123-4550		
Fax Number		**Work Address**	125 Jordan Road Troy, NY 12180

This is an AUTOMATED response.
The NYS Courts EFiling web site has received documents from the filing user **Michael Dyer** , for petitions in the following range
ER09907512 through **ER09907514**.

Email Notifications Sent to: ATTORNEY'S OFFICE, NASSAU COUNTY - jstefani@courts.state.ny.us
Dyer, Michael - jcarucci@courts.state.ny.us

Please bring one set of your Petition(s) in ER number order to Room 152 (Tax Cert Department) in the Supreme Court.
Note: Petitions should be labeled as follows : COURTESY COPY - Original has been filed via NYSCEF

Transaction Id: 6588
Transaction Date: 2010-03-11 17:33:39.0
Authnet Auth Code: F44444789
Authnet Transaction Id: E33333789

No. of SCAR(S) Filings	Description	Amount
3	Petition	90.00

*** **PAYMENTS** ***
Payment Type: MAST
*** **TOTALS** ***
Total Due: 90.00
Total Tendered: 90.00

Comment:
Processed By: Michael Dyer

Print SCAR Upload Main Menu

RPTL 730

EXHIBIT B

UCS 900 (Rev. March, 2007)

PETITION

SMALL CLAIMS ASSESSMENT REVIEW
IN COUNTIES OUTSIDE NEW YORK CITY
(one petition per parcel)

Filed In the Office of the

County Clerk _____

PART I
GENERAL INFORMATION

SUPREME COURT, COUNTY OF _____

1. Filing # _____ Calendar # _____

2. Assessing Unit _____

3. Date of final completion and filing of assessment roll _____

   (a) Total _____

   (b) Exempt amount _____

   (c) Taxable assessed value (3a-3b) _____

4. Date of filing (or mailing) petition _____

5. Name of owner or owners of property:

   Post Office address:

   Telephone #:

6. If applicable, name and address of representative of owner, if representative is filing application:
   (Owner must complete Designation of Representative section.)

   Telephone #:

7. Description of property as it appears on the assessment roll. **PARID:**

   Tax Map# _____ Section _____ Block _____ Lot _____

8. Location of property (street, road, highway number, and city, town or village)

EXHIBIT B

PART II

GROUNDS FOR PETITION

A. ASSESSMENT REQUESTED ON THE COMPLAINT FORM FILED WITH THE BOARD OF ASSESSMENT REVIEW

1. Total assessment _____
2. Exempt amount, if any _____
3. Taxable assessment _____

B. CALCULATION OF EQUALIZED VALUE AND MAXIMUM REDUCTION IN ASSESSMENT

1. [ ] Property is NOT in a special assessing

ASSESSED VALUE	+	EQUALIZATION RATE	=	EQUALIZED VALUE
_____		_____		_____

2. [ ] Property is in a special assessing unit

ASSESSED VALUE	+	CLASS ONE RATIO	=	EQUALIZED VALUE
_____		_____		_____

3. [ ] If the EQUALIZED VALUE exceeds $450,000, enter the ASSESSED VALUE here : _____
   Multiply the ASSESSED VALUE by: x .25
   Enter the result here :
   The result is the maximum total assessment request reduction allowable.

C. [ ] UNEQUAL ASSESSMENT: The total assessment is unequal because the property is assessed at a higher percentage of full (market) value than (check one) :

[ ] (a) the average of all other property on the assessment roll, or

[ ] (b) the average of residential property on the assessment roll.

Full (market) value of property: $ _____

Based on one or more of the following, petitioner believes this property should be assessed at _____ % of full (market) value:

1. [ ] The latest State equalization rate for the assessing unit in which the property is located (enter latest equalization rate: _____ %).
2. [ ] The latest residential assessment ratio for the assessing unit in which the property is located (enter residential assessment ratio: _____ %).
3. [ ] A sample of market values of recent sales prices and assessments of comparable residential properties on which petitioner relies for objection (list parcels on a separate sheet and attach).
4. [ ] Statements of the assessor or other local official that property has been placed on the roll at _____ %.

Petitioner believes the total assessment should be reduced to _____. This amount may not be less than the total assessment amount indicated in Section A (1), or Section B (3), whichever is greater.

D. [ ] EXCESSIVE ASSESSMENT:

1. [ ] The total assessed value exceeds the full (market) value of the property.
Total assessed value of the property: $ _____
Complainant believes the total assessment should be reduced to a full value of $ _____
Attach list of parcels upon which complaint relies for objection, if applicable.
This amount may not be less than the amount indicated in Section A (1), or Section B (3).

2. [ ] The taxable assessed value is excessive because of the denial of all or a portion of a partial exemption. Specify exemption $ _____(e.g., aged, clergy, veterans, etc).
Amount of exemption claimed: $ _____. Amount granted, if any:$_____.
This amount may not be greater than the amount indicated in A (2).
If application for exemption was filed, attach a copy of application to this petition.

E. INFORMATION TO SUPPORT THE FULL (MARKET) VALUE CLAIMED

1. [ ] Purchase price of _____
Date of purchase _____
Relationship, if any, between seller and purchaser _____

2. [ ] If property has been recently offered for
When and for how long: _____
How offered: _____
Asking price: $ _____

3. [ ] if property has been recently
When: _____ By whom: _____
Purpose of appraisal: _____
Appraised value: $ _____

4. [ ] If buildings have been recently remodeled, constructed, or additional improvements made, state:
Year remodeled, constructed, or additions made:
Date commenced: Date completed:
Cost: $

5. [ ] Amount for which your property is insured:
Name of insurance company and policy number:

6. [ ] Purchase price of comparable property(ies) recently sold:

PART III
LISTING OF TAXING DISTRICTS

Names of Taxing Districts

1. COUNTY:
2. TOWN:
3. VILLAGE:
4. SCHOOL DISTRICT:

ADDITIONAL INFORMATION

PART IV
DESIGNATION OF REPRESENTATIVE TO FILE PETITION

I, _____, as petitioner (or officer thereof) hereby designate _____ to act as my representative in any and all proceedings before the Small Claims Assessment Review of the Supreme Court in _____ County for purposes of reviewing the assessment of my real property as it appears on the _____ year assessment roll of _____ (assessing unit)

"SIGNED"
Signature of Owner (Or officer thereof)

_____
Date

PART V
ELIGIBILITY AND CERTIFICATION

I certify that:

(a) The owner has previously filed a complaint required for administrative review of assessments.

(b) The property is improved by a one, two, or three family, owner-occupied residential structure used exclusively for residential purposes, and is not a condominium; except a condominium designated as Class 1 in Nassau County or as "homestead" Class in an approved assessing unit.

(c) The requested assessment is not lower than the assessment requested on the complaint filed with the assessor or the Board of Assessment Review.

(d) If the equalized value of the property exceeds $450,000, the requested assessment reduction does not exceed 25 percent of the assessed value.

(e) I have mailed, by certified mail, return receipt requested, or, delivered in person, within ten days after the day of filing this petition with the County Clerk, one (1) copy of this petition to the clerk of the assessing unit, or if there is no such clerk, then to the officer who performs the customary duties of that official.

(f) I have mailed by regular mail within 10 (ten) days after the filing of the Petition with the County Clerk one (1) copy of the Petition to:

(a) The clerk of the school district(s)* within which the real property is located, or if there be no clerk or the name and address cannot be obtained, then to a trustee,

(b) The treasurer of the county in which the property is located, and

(c) The assessor, or, the chairman of the board of assessors

I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

"SIGNED"
Signature of owner or representative

(* NOTE: You are not required to file with the Buffalo City School District, the Rochester City School District, the Syracuse City School District or the Yonkers City School District.)

RPTL 730

125

UCS 900 (Rev. March, 2007)

2

Filed in the Office of the

1

County Clerk 114

PETITION
SMALL CLAIMS ASSESSMENT REVIEW
IN COUNTIES OUTSIDE NEW YORK CITY

(one petition per parcel)

PART I
GENERAL INFORMATION

SUPREME COURT, COUNTY OF 1

1 Filing # 2 Calendar # 3

2. Assessing Unit 4

3 Date of final completion and filing of assessment roll 5

(a) Total 6

(b) Exempt amount 7

(c) Taxable assessed value (3a-3b) 8

4. Date of filing (or mailing) petition 9

5. Name of owner or owners of property:

10 - 13 + 14 - 17

Post Office address:

18 - 22

Telephone #: 23

6. If applicable, name and address of representative of owner, if representative is filing application:
(Owner must complete Designation of Representative section.)

24 - 29

Telephone #: 30

7. Description of property as it appears on the assessment roll.

PARID: 31

Tax Map# 32 Section 33 Block 34 Lot 35

8. Location of property (street, road, highway number, and city, town or village)

37-41

PART II
GROUNDS FOR PETITION

A. ASSESSMENT REQUESTED ON THE COMPLAINT FORM FILED WITH THE BOARD OF ASSESSMENT REVIEW

1. Total assessment **42**
2. Exempt amount, if any **43**
3. Taxable assessment **44**

B CALCULATION OF EQUALIZED VALUE AND MAXIMUM REDUCTION IN ASSESSMENT

1. [**45**] Property is NOT in a special assessing unit.

ASSESSED VALUE	+	EQUALIZATION RATE	=	EQUALIZED VALUE
46		**47**		**48**

2. [**45**] Property is in a special assessing unit

ASSESSED VALUE	+	CLASS ONE RATIO	=	EQUALIZED VALUE
49		**50**		**51**

3. [**52**] If the EQUALIZED VALUE exceeds $450,000, enter the ASSESSED VALUE here: **53**
Multiply the ASSESSED VALUE by x .26
Enter the result here: **54**
The result is the maximum total assessment request reduction allowable.

C [**55**] UNEQUAL ASSESSMENT. The total assessment is unequal because the property is assessed at a higher percentage of full (market) value than (check one):

[**56**] (a) the average of all other property on the assessment roll, or

[**56**] (b) the average of residential property on the assessment roll.

Full (market) value of property: $ **57**

Based on one or more of the following, petitioner believes this property should be assessed at **58** % of full (market) value:

1 [**59**] The latest State equalization rate for the assessing unit in which the property is located (enter latest equalization rate: **60** %).

2 [**61**] The latest residential assessment ratio for the assessing unit in which the property is located (enter residential assessment ratio: **62** %).

3. [**63**] A sample of market values of recent sales prices and assessments of comparable residential properties on which petitioner relies for objection (list parcels on a separate sheet and attach).

4. [**64**] Statements of the assessor or other local official that property has been placed on the roll at **65** %.

Petitioner believes the total assessment should be reduced to $ **66** This amount may not be less than the total assessment amount indicated in Section A (1), or Section B (3), whichever is greater

D. [67] EXCESSIVE ASSESSMENT:

1. [68] The total assessed value exceeds the full (market) value of the property.
Total assessed value of the property: $ 69
Complainant believes the total assessment should be reduced to a full value of $ 70
Attach list of parcels upon which complaint relies for objection, if applicable.
This amount may not be less than the amount indicated in Section A (1), or Section B (3).

2. [68] The taxable assessed value is excessive because of the denial of all or a portion of a partial exemption. Specify exemption $ 71 (e.g., aged, clergy, veterans, etc).
Amount of exemption claimed: $ 72 Amount granted, if any $ 73 .
This amount may not be greater than the amount indicated in A (2).
If application for exemption was filed, attach a copy of application to this petition.

E. INFORMATION TO SUPPORT THE FULL (MARKET) VALUE CLAIMED

1. [74] Purchase price of property $ 75
Date of purchase 76
Relationship, if any, between seller and purchaser 77

2 [78] if property has been recently offered for sale:
When and for how long: 79
How offered: 80
Asking price: $ 81

3. [82] if property has been recently appraised:
When: 83 By whom: 84
Purpose of appraisal: 85
Appraised value: $ 86

4. [87] If buildings have been recently remodeled, constructed, or additional improvements made, state:
Year remodeled, constructed, or additions made: 88
Date commenced: 89 Date completed: 90
Cost: $ 91

5 [92] Amount for which your property is insured. $ 93
Name of insurance company and policy number: 94 - 95

6. [96] Purchase price of comparable property(les) recently sold: $ 97

PART III
LISTING OF TAXING DISTRICTS

	Names of Taxing Districts
1. COUNTY:	98
2. TOWN:	99
3. VILLAGE / CITY:	100
4. SCHOOL DISTRICT:	101

ADDITIONAL INFORMATION

102 + 123

122

PART IV
DESIGNATION OF REPRESENTATIVE TO FILE PETITION

I, 103, as petitioner (or officer thereof) hereby designate 104 to act as my representative in any and all proceedings before the Small Claims Assessment Review of the Supreme Court in 1 County for purposes of reviewing the assessment of my real property as it appears on the 105 year assessment roll of 106 (assessing unit)

"SIGNED"
Signature of Owner (Or officer thereof)
107

108
Date

PART V
ELIGIBILITY AND CERTIFICATION

I certify that:

(a) The owner has previously filed a complaint required for administrative review of assessments.

(b) The property is improved by a one, two, or three family, owner-occupied residential structure used exclusively for residential purposes, and is not a condominium; except a condominium designated as Class 1 in Nassau County or as "homestead" Class in an approved assessing unit.

(c) The requested assessment is not lower than the assessment requested on the complaint filed with the assessor or the Board of Assessment Review.

(d) If the equalized value of the property exceeds $450,000, the requested assessment reduction does not exceed 25 percent of the assessed value.

(e) I have mailed, by certified mail, return receipt requested, or, delivered in person, within ten days after the day of filing this petition with the County Clerk, one (1) copy of this petition to the clerk of the assessing unit, or if there is no such clerk, then to the officer who performs the customary duties of that official.

(f) I have mailed by regular mail within 10 (ten) days after the filing of the Petition with the County Clerk one (1) copy of the Petition to:

(a) The clerk of the school district(s)* within which the real property is located, or if there be no clerk or the name and address cannot be obtained, then to a trustee,

(b) The treasurer of the county in which the property is located,
and

(c) The assessor, or, the chairman of the board of assessors

I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

"SIGNED"
Signature of owner or representative
124

(* NOTE You are not required to file with the Buffalo City School District, the Rochester City School District, the Syracuse City School District or the Yonkers City School District.)

Electronic Filing of Small Claim Assessment Review Petitions
Load File Field Descriptions

FORMAT REQUIREMENTS: Small Claim Assessment Review Petition Automated Data Transfer Program.

Prepare the file using the following conventions:

1. ASCII

2. Field delimiter semicolon(;), comma(,).
Example: "Smith";
File should not include a header.

3. Maximum allowed file size, 1,000 records

Â	NAME	FIELD DESCRIPTION	TYPE	LENGTH	DEFAULT	COMMENTS
1	SupremeCountyOf	County	Text	20	Required	
2	FilingNumber	AR/ER Filing Number to be assigned by County Clerk	Numeric	15	Not Req	(Should be blank for upload)
3	CalendarNumber	Assigned by Supreme Court	Numeric		Not Req	(Should be blank for upload)
4	AssessingUnit	Assessing Unit	Text	45	Required	
5	AssessCompletionDate	Assessment Completion Date	Date		Not Req	MM/DD/YYYY
6	AssessValuationTotal	Assessment Valuation Total	Numeric	10	Required	
7	AssessExempt	Assessment Exempt Amount	Numeric	10	Required	
8	AssessTaxable	Assessment Taxable Assessed Value	Numeric	10	Required	
9	FilingPetitionDate	Date of Filing (or mailing) Petition	Date		Required	MM/DD/YYYY = Transmission Date
10	OwnerOneFirstName	First Name Owner One of Property	Text	20	Required	Do not use non-alphanumeric other than dashes - hyphens
11	OwnerOneMiddleName	Middle Name Owner One of Property	Text	20	Not Req	

12	OwnerOneLastName	Last Name Owner One of Property	Text	60	Required	Do not use non-alphanumeric other than dashes - hyphens
13	OwnerOneSuffix	Suffix Owner One of Property	Text	10	Not Req	
14	OwnerTwoFirstName	First Name of Owner Two of Property	Text	20	Not Req	Do not use non-alphanumeric other than dashes - hyphens
15	OwnerTwoMiddleName	Middle Name of Owner Two of Property	Text	20	Not Req	
16	OwnerTwoLastName	Last Name of Owner Two of Property	Text	60	Not Req	Do not use non-alphanumeric other than dashes - hyphens
17	OwnerTwoSuffix	Suffix of Owner Two of Property	Text	10	Not Req	
18	OwnerOneAddress1	Address 1 of Owner One	Text	50	Required	
19	OwnerOneAddress2	Address 2 of Owner One	Text	50	Not Req	
20	OwnerOneCity	City of Owner One	Text	20	Required	
21	OwnerOneState	State of Owner One	Text	2	Required	
22	Owne OneZipCode	Zip Code of Owner One	Numeric	12	Required	
23	OwnerOneTelephone	Telephone of Owner One	Text	15	Not Req	
24	RepName	Representative Name	Text	40	Required	
25	RepAddr1	Representative Address 1	Text	40	Required	
26	RepAddr2	Representative Address 2	Text	40	Not Req	
27	RepCity	Representative City	Text	40	Required	
28	RepState	Representative State	Text	2	Required	
29	RepZip	Representative Zip Code	Text	5	Required	
30	RepTel	Representative Telephone	Text	15	Not Req	
31	PAR-ID	SSBBBBBLLLLSBBBBBBUUUUU	Text	23	Required	
32	DistrictNumber	District Number	Text	10	Not Req	Required in SUFFOLK County
33	SectionNumber	Section Number	Text	10	Required	
34	BlockNumber	Block Number	Text	10	Required	
35	LotNumber	Lot Number	Text	12	Required	

36	PropertyItemNum	Property Item Number	Numeric	10	Not Req	
37	PropertyAddr1	Property Address 1	Text	50	Required	
38	PropertyAddr2	Property Address 2	Text	50	Not Req	
39	PropertyCity	Property City	Text	40	Required	
40	PropertyState	Property State	Text	2	Required	
41	PropertyZip	Property Zip	Text	12	Required	
42	ComplaintAssessTotal	Total Assessment	Numeric	10	Not Req	
43	ComplaintExempt	Exempt Amount	Numeric	10	Not Req	
44	ComplaintTaxable	Taxable Assessment	Numeric	10	Not Req	
45	CalcSpcAssessUnit	Calculation of Equalized Value - Property is **not** in a Special Assessing	Text	1	Not Req	Value 1 or 2
46	CalcNonScpAssessed	Calculation of Equalized Value - Assessed Value	Numeric	10	Not Req	Same as AssessValuationTotal above
47	CalcNonSpcEqRate	Calculation of Equalized Value - Equalization Rate	Numeric	6.4	Not Req	
48	CalcNonSpcEqVal	Calculation of Equalized Value - Equalized Value	Numeric	10	Not Req	
49	CalcSpcEqAssessed	Calculation of Equalized Value - Assessed Value	Numeric	10	Not Req	Same as AssessValuationTotal above
50	CalcSpcEqClassOne	Class One Ratio	Numeric	6.4	Not Req	
51	CalcSpcEqVal	Equalized Value	Numeric	10	Not Req	
52	CalcExceeds	Equalized Value exceeds $450,000	Text	1	Not Req	Y/N (Y=X N=Blank)
53	CalcXcdAssessVal	Equalized Value exceeds $450,000 - Assessed Value	Numeric	10	Not Req	
54	CalcXcdResult	Equalized Value exceeds $450,000 - Result	Numeric	10	Not Req	Rounded off
55	UneqAssess	Unequal Assessment	Text	1	Not Req	Y/N (Y=X N=Blank)
56	UneqAssessAvgOf	Avg of Property on Assessment Roll	Text	1	Not Req	Values A or B
57	UneqAssessFullMkt	Full Market Value of Property	Text	30	Required	Claimed Market Value

58	UneqAssessShouldBePct	Percentage Petitioner believes the Property should be Assessed at	Numeric	6.4	Not Req	
59	UneqAssessState	State Equalization Rate for the Assessing Unit	Text	1	Not Req	Y/N (Y=X N=Blank)
60	UneqAssessLtstEq	State Equalization Rate	Numeric	6.4	Not Req	
61	UneqAssessRes	Residential Assessment Ratio for the Assessing Unit	Text	1	Not Req	Y/N (Y=X N=Blank)
62	UneqAssessResRatio	Residential Assessment Ratio	Numeric	6.4	Not Req	
63	UneqAssessSample	Recent Sales Prices	Text	1	Not Req	Y/N (Y=X N=Blank)
64	UneqAssessStmt	Statements of the Assessor	Text	1	Not Req	Y/N (Y=X N=Blank)
65	UneqAssessPlcdRoll	Statements of the Assessor Rate	Numeric	6.4	Not Req	
66	UneqAssessReduceTo	Total Assessment should be reduced to	Numeric	10	Required	= Requested AV
67	ExcsAssess	Excessive Assessment	Text	1	Not Req	Y/N (Y=X N=Blank)
68	ExcsAssessType	Excessive Assessment Type	Text	1	Not Req	Values 1 or 2 to indicate which box to check
69	ExcsAssessTotalVal	Excessive Assessment Total Value	Numeric	10	Not Req	
70	ExcsAssessReduceTo	Excessive Assessment Reduced To	Numeric	10	Required	
71	ExcsAssessExmpDenied	Excessive Assessment Exemption Denied	Text	20	Not Req	
72	ExcsAssessClaimed	Excessive Assessment Claimed	Numeric	10	Not Req	
73	ExcsAssessGranted	Excessive Assessment Granted	Numeric	10	Not Req	
74	InfoSuppPurch	Information to Support Purchase Price	Text	1	Not Req	Y/N (Y=X N=Blank)
75	InfoSuppPurchPrice	Purchase Price	Text	30	Required	
76	InfoSuppPurchDate	Information to Support Purchase Price - Date	Date		Not Req	MM/DD/YYYY
77	InfoSuppPurchRel	Information to Support Purchase Price - Relationship	Text	20	Not Req	
78	InfoSuppSale	If property has been recently offered for sale	Text	1	Not Req	Y/N (Y=X N=Blank)
79	InfoSuppSaleWhen	When and for how long	Text	50	Not Req	

80	InfoSuppSaleHow	How Offered	Text	50	Not Req	
81	InfoSuppSaleAsking	Asking Price	Numeric	10	Not Req	
82	InfoSuppAppr	Information on Recent Appraisal	Text	1	Not Req	Y/N (Y=X X=Blank)
83	InfoSuppApprWhen	When Appraised	Date		Not Req	MM/DD/YYYY
84	InfoSuppApprWhom	Appraised by Whom	Text	50	Not Req	
85	InfoSuppApprPurpose	Purpose of Appraisal	Text	20	Not Req	
86	InfoSuppApprValue	Appraised Value	Numeric	10	Not Req	
87	InfoSuppRemod	Information on Recent Remodeling	Text	1	Not Req	Y/N (Y=X N=Blank)
88	InfoSuppRemodYear	Year Remodeled	Numeric	4	Not Req	Four digit year
89	InfoSuppRemodStart	Date Remodeling Commenced	Date		Not Req	MM/DD/YYYY
90	InfoSuppRemodEnd	Date Remodeling Completed	Date		Not Req	MM/DD/YYYY
91	InfoSuppRemodCost	Cost of Remodeling	Numeric	10	Not Req	
92	InfoSuppInsur	Information on Insurance	Text	1	Not Req	Y/N (Y=X N=Blank)
93	InfoSuppInsurAmt	Insured Amount	Numeric	10	Not Req	
94	InfoSuppInsurName	Insurance Company Name	Text	20	Not Req	
95	InfoSuppInsurPolicy	Insurance Policy Number	Text	20	Not Req	
96	InfoSuppPurchComp	Information on Purchase Price	Text	1	Not Req	Y/N (Y=X N=Blank)
97	InfoSuppPurchCompPrice	Purchase Price of Comparable Property (ies) Recently Sold	Numeric	10	Not Req	
98	TaxDistCounty	Taxing District - County	Text	20	Not Req	
99	TaxDistTown	Taxing District - Town	Text	20	Not Req	See List for specific county
100	TaxDistVillage	Taxing District - Village	Text	25	Not Req	See List for specific county
101	TaxDistSchool	Taxing District - School District	Text	25	Not Req	See List for specific county
102	Additional_Information	Additional Information	Text	255	Not Req	
103	DesigPetitioner	Designating Petitioner	Text	50	Not Req	
104	DesigCompany	Designating Petitioner Company	Text	50	Not Req	
105	DesigYear	Designating Petitioner Year	Text	10	Not Req	

106	DesigAssessUnit	Designating Petitioner Assessing Unit	Text	20	Not Req	
107	Signing Owner Name	Signing Owner Name	Text	50	Not Req	
108	DesigDate	Date Signed	Date		Not Req	MM/DD/YYYY
109	AssessValReduc		Numeric		Not Req	(Should be blank for upload)
110	CorrectedAssessVal		Numeric		Not Req	(Should be blank for upload)
111	FinalStatus		Text	1	Not Req	Cancelled Withdrawn Judgment - should be blank for upload
112	REP-CODE		Numeric	6	Required	
113	County-City-Village Code		Numeric	3	Not Req	See list for Valid Codes
114	Arscarp_Num_Issue_Date	Date Filed / Number issued by court	Date		Not Req	Blank for Upload
115	Scarp_Year		Text	25	Required	=Roll Year / Required
116	AR/Scarp #		Text	12	Not Req	(Should be blank for upload)
117	VendorIndex		Text	25	Not Req	ID # from vendor's system (for vendor use)
118	Lot Suffix		Text	1	Not Req	
119	Building		Text	6	Not Req	use for condo
120	Unit		Numeric	5	Not Req	use for condo
121	Number of Additional Lots		Numeric	2	Not Req	Total number of additional lots
122	Additional Lots		Text	100	Not Req	For Lot grouping -may contain up to 17 lots. Separate lots by a space or hyphen
123	AdditionalInformation2		Text	255	Not Req	
124	IndivNameOfRep	Name of Owner or Representative	Text	40	Not Req	Individual Name of Representative Signing Certification
125	FirmUserId	Firm/User Additional Info	Text	40	Not Req	Not used by court