NEW YORK STATE

Department of Taxation and Finance
Office of Real Property Tax Services

Application for Corrected Tax Roll

RP-554
(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners JOSEPH AND DONNA LISI					
Mailing address of owners *(number and street or PO box)* 46 MT. AIRY RD.			Location of property *(street address)* 46 MT. AIRY RD		
City, village, or post office CROTON ON HUDSON	State NY	ZIP code 10520	City, town, or village CROTON ON HUDSON	State NY	ZIP code 10520
Daytime contact number 917-319-1213	Evening contact number		Tax map number of section/block/lot: Property identification *(see tax bill or assessment roll)* 68.17-1-4		
Account number *(as appears on tax bill)*			Amount of taxes currently billed –		

Reasons for requesting a correction to tax roll:
APPLICATION FOR VETERANS EXEMPTION WAS RECEIVED BUT NOT PROCESSED ON 2025 FINAL ASSESSMENT ROLL

I hereby request a correction of tax levied by VILLAGE OF CROTON-ON-HUDSON for the year(s) 2025.
(County, city, village, etc.)

Signature of applicant	Date
X Joseph E. Lisi	4/14/25

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

Date application received 4/14/25	Period of warrant for collection of taxes	
Last day for collection of taxes without interest	Recommendation **Approve application** ☑ **Deny application** ☐	
Signature of official Miller		Date 4/14/25

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of _____ who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the **tax levying body** or **official designated by resolution** _____ :
(insert number or date, if applicable)

Application approved (mark an ***X*** in the applicable box):

Clerical error ☐ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed	Corrected tax
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason): _____

Signature of chief executive officer, or official designated by resolution	Date