

MANCHESTER-BY-THE-SEA

BOARD OF ASSESSORS • TOWN HALL

Manchester-by-the-Sea, Massachusetts 01944-1399 Telephone (978) 526-2010 FAX (978) 525-6433

www.manchester.ma.us

DATE REQUESTED:							
INFORMATIONAL REQUEST FOR FISCAL YEAR 2023							
REAL PROPERTY-1, 2,3 FAMILY, CONDOMINIUM							
PROPERTY IDENT	IFICATION:						
Assessed Owner:							
Assessed Location: _					_		
Contact person:							
Phone Number:					_		
Mailing Address, City, State, Zip:							
CENEDAL INCODA	AATION						
GENERAL INFORM	- ''	ad mymayamt ta	the outbouity	of the occasion	.ma um dan		
This information requisition form is issued pursuant to the authority of the assessors under							
M.G.L. Ch. 59, section 61A.							
COMPLETE THIS FORM AND RETURN IT TO THE MANCHESTER BOARD OF ASSESSORS, 10 CENTRAL ST, MANCHESTER, MA 01944 WITHIN 30 DAYS IN ORDER							
TO PRESERVE YOUR RIGHTS. COMPLETE THIS FORM BY PROVIDING ALL							
INFORMATION REQUESTED. TYPE OR PRINT CLEARLY.							
1. Indicate th 2. Indicate yo 3. List the pr your property A1) A2) A3) A4) A5) 4. For each p	with the assessment of the assessed value of the assessed value of the pour opinion of fair coperties (3 or more) or (3 or more) construction of the pour opinion of the pour operties (3 or more) construction operation of the pour operation operation operation operation operation operation operatio	exceeds the futhe property: cash value: in your neight inparable sales e, please fill of	\$shorhood you learnd their asse	believe are co ssed values: \$	mparable to		
Subject					23,10, 20114		
Comp A1							
Comp A2							
Comp A3							
Comp A4							
Comp A5							

B. *Improper Classification*: The property's use on January 1, 2022 was improperly noted on the tax bill (or improperly allocated if the property has more than one use)

1. Indicate present classification (from tax bill)
2. Indicate class in which property should be classified:
Class One (Residential)
Class Three (Commercial)
Class Four (Industrial)
Multiple Use Class
PART TWO: PHYSICAL DESCRIPTION
Design:
BungalowCapeColonialContemporary
AntiqueRanchVictorianSplit Level
Other & name
Age:
Give approximate age of the home, Opinion of
Condition
Story Height:
Number of stories
Attic:
FinishedNone
Garage:
AttachedDetachedNone
of cars
n
Basement:
FullNone
Give percent of basement that is finished
Heating & Cooling:
Number of systems:; Type of fuel:; System Type:
List the total number of rooms:
BedroomsFull Bath1/2 BathKitchen
DenDiningLivingOffice
All others
n in outers
Other attachments:
PorchesPatiosDecks
Sun Rooms Other List
Rehabilitation / New Construction:
Has there been any new construction or significant rehabilitation performed or
the property during the last 5 years? YES NO
If YES, list each expenditure made:
Year of Remodel/Construction Description & Cost
r and a second and a

supply th	e following informati	ir property was purchase within t ion:	• •
Date of S	ale:		
Purchase	Price:		
Down Pa	yment:		
		Rate%:	
Second N	Aortgage: Amount: _	Rate%:	terms:
	e any non-real-estate st those items & appr	items included in the sale? Yes_oximate value:	No
——————————————————————————————————————	est those items & appr	Oximate value.	
		n: If any part of the property is retax schedules to substantiate ren	
	Furnished?	Monthly Rent\$	
Unit 1	Yes No		
Unit 2	Yes No		
Unit 3	Yes No		
Indicate	what is included in th	e Rent (example heat, electricity	, trash pickup etc.)
Heating_	rearly expenses for the	Insurance	
SIGNATURE:			
OWNER OF THE OWNER AND T TO THE BEST O	E PROPERTY OR T HAT ALL OF THE I OF MY KNOWLEDO	ID PENALTIES OF PERJURY THE AUTHORIZED REPRESEN INFORMATION SUPPLIED IN GETRUE & CORRECT. AUTHOMEOWNER THAT THEY AR	TATIVE OF THE THIS REQUISITION IS ORIZED AGENTS MUST
	WNER'S BEHALF.		
SIGNED		DAT	E
PRINT FULL NA	AME		