

Town of Chili – Assessors Office

RESIDENTIAL REVIEW APPLICATION - 2025

SECTION I

(Please Print)

1. Parcel I.D. # (SBL): _____
 2. Property Location: _____
 3. Property Class Code: _____
 4. Name of Property Owner: _____
 5. Telephone Number: (Home) _____ (Work) _____
 6. Mailing Address: _____
 7. Current or Proposed Assessment: _____
 8. **Requested Assessment:** \$ _____ Why? _____
- _____
- _____

SECTION II

(Please check or fill-in applicable information)

1. Home Style: Ranch (), Raised Ranch (), Split-Level (), Cape Cod (), Colonial (), Old Style (), Contemporary (), Cottage (), Log Cabin (), Duplex (), Bungalow (), Town House (), Mansion (), Other () _____
2. Type of Property: (1,2 or 3 family, town house etc.) _____
3. Square Footage of House: (Exterior Dimensions) _____
4. Year Built: _____ Year Remodeled: _____
5. Sale Information: Purchase Price _____ Date _____
6. List ANY Improvements Made to Property Since Purchase: Pool (), Garage (), Deck (), Fire Place (), Addition (), Bathroom (), Interior Updating (), Siding (), Finished Bsmt (), Other () _____
7. Property Inventory: Number of Bedrooms (), Number of Baths (), Room Total (), Air Conditioning (Y or N), Fireplaces (), Whole House Generator (Y or N)
8. Pending Permits: Yes (), No (); To be used as _____
_____ Size _____ Cost _____

SECTION III

RECOMMENDED SUPPORTING INFORMATION

(Copies to be submitted with completed application)

1. A recent photograph of your property
2. A survey of your property (If available)
3. A copy of your sales contract (If purchased since 2024, if available)
4. A copy of your closing statement (If purchased since 2024)
5. A copy of ANY appraisal done on your property since 2023 (If you have purchased your property in the last 2 years and have either a mortgage or have refinanced your property, then an appraisal exists on your home. Please include it.)
6. If listed for sale, include a copy of listing agreement
7. Copies of any additional data to support your claim
8. Call (585)889-6132 to schedule an interior inspection with Assessor (*recommended*)

SECTION IV

(Please Print)

A. List Four Sales of Comparable Properties (please use the most recent sales for they are the best indicators of current market value)

Sale 1. Location _____ SBL _____
 Sale Price _____ Sale Date _____
 Square Footage _____ Style _____
 Condition _____ Additional Features _____
 Comments on Sales Comparison: _____

Sale 2. Location _____ SBL _____
 Sale Price _____ Sale Date _____
 Square Footage _____ Style _____
 Condition _____ Additional Features _____
 Comments on Sales Comparison: _____

Sale 3. Location _____ SBL _____
 Sale Price _____ Sale Date _____
 Square Footage _____ Style _____
 Condition _____ Additional Features _____
 Comments on Sales Comparison: _____

Sale 4. Location _____ SBL _____
 Sale Price _____ Sale Date _____
 Square Footage _____ Style _____
 Condition _____ Additional Features _____
 Comments on Sales Comparison: _____

Based on the sale of the above properties, I believe that the estimated FULL MARKET VALUE for the subject property as of **July 1, 2024** is _____.

I (we) certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief.

Print Name	Signature	Date
Print Name	Signature	Date
		Phone Number

Return completed application *with* attached documentation in-person or via USPS or OVER NIGHT DROP BOX to:

Assessor – Assessment Review
Town of Chili
3333 Chili Ave
Rochester, NY 14624

Informal Reviews up to April 4th
FORMAL – Board of Assessment 5/27/25

Office: (585)889-6132 Fax: (585)889-8710