

COMPLAINT ON SEWER TAX ASSESSMENT FOR 2009

TOWN OF WARRENSBURG

1. Name & Phone No. of Owner: _____

2. Mailing Address of Owner: _____

3. Name & address and phone no. of representative of owner, if representative is filing application.

4. Property location (address): _____

5. Property identification (see tax bill)
Tax Map Number of
Section/Block/Lot: _____
Type of property: ___Residence ___Commercial ___Industrial
6. Number of persons residing at this location _____
Number of residential apartments _____
Number of commercial businesses _____
Name of tenants or guests other than family members _____
7. Please enumerate the Total number of toilets _____, washing machines _____, bath
tubs _____, shower stalls _____, and sinks _____ on your property. List other
appliances or machines which use water.
You must include all such water uses whether presently being used or not.
8. Amount of most recent sewer tax bill.
9. If vacant land: Size of Lot _____
Do any reasons exist why a structure cannot be erected on this lot?
10. Please list reason for complaint:

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DESIGNATION OF REPRESENTATIVE TO MAKE COMPLAINT

I, _____, as owner of property in the
Warrensburg Sewer District hereby designates _____
to act as my representative in any and all proceedings to review the assessment
of the sewer tax on my property as it appears on the current year assessment
roll of such assessing unit.

Date

Signature of Owner

CERTIFICATION

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.

Date

Signature of Owner