

VACANT LAND REVIEW

Please bring this completed form with you to the appointment.

VACANT LAND REVIEW

SECTION 1

NAME OF PROPERTY OWNER _____

PROPERTY LOCATION _____

TELEPHONE NUMBER (home) _____ (other) _____

TAX ACCOUNT (SBL) # _____ PROPERTY TYPE _____
1,2,3 family or town home

MAILING ADDRESS & ZIP _____

CURRENT ASSESSMENT _____

REQUESTED ASSESSMENT _____

SECTION II

PROPERTY SIZE: (frontage) _____ (depth) _____

CURRENT ZONING: _____

INTENDED USE _____

SECTION III (RECENT SALE INFORMATION)

- ___ A copy of the listing agreement for sale, if applicable.
- ___ A list of any information about the property that may need to be physically reviewed by our appraiser that may influence the value.

SECTION IV - COMPARABLE SALES

COMPARABLE SALE ONE

Location _____	Tax account # _____
Sale price _____	Sale date _____
Lot Size _____	Zoning _____
Topography _____	Utilities _____

COMPARABLE SALE TWO

Location _____	Tax account # _____
Sale price _____	Sale date _____
Lot Size _____	Zoning _____
Topography _____	Utilities _____

VACANT LAND REVIEW
COMPARABLE SALE THREE

Location _____ Tax account # _____
Sale price _____ Sale date _____
Lot Size _____ Zoning _____
Topography _____ Utilities _____

COMPARABLE SALE FOUR

Location _____ Tax account # _____
Sale price _____ Sale date _____
Lot Size _____ Zoning _____
Topography _____ Utilities _____

Signature of owner(s) or representative

Date

**PLEASE RETAIN A COPY OF ALL SUBMITTED MATERIALS FOR
YOUR RECORDS**