

PLEASE PROVIDE THE INFORMATION REQUESTED AND SIGN BELOW,  
THEN RETURN THIS FORM TO US (SEE INSTRUCTIONS BELOW SIGNATURE LINE)

Name:	#510
Property Address:	
City:	Zip:
Town:	Village:
Current Property Assessment:	Full Market Value:
Parcel ID:	School District:

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing address (if different from above):

Where did you hear about us?

If you have ever appealed your real estate taxes, which year did you appeal?

**I authorize Sokol Group as my sole representative to protest/appeal my real estate taxes and assessment for year 2019. I agree to pay 60% of the first year reduction in real estate taxes. The fee is payable when I am provided written proof that my taxes are reduced. There is absolutely no fee if I do not get a tax reduction.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME (Please Print): FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

**Please mail this back to us, or fax it to 845-704-1441.**

**TO EXPEDITE PROCESSING OF YOUR APPEALS, PLEASE INCLUDE COPIES  
OF YOUR MOST RECENT TOWN AND VILLAGE TAX BILLS (IF YOU CAN)**

NOTE: You will receive confirmation of acceptance of your case within 10 days.