

## Nassau County Residential Property Tax Grievance Authorization

**Eligibility:** I represent that the property is a one, two, or three family home used exclusively for residential purposes and that I am a person named in the records of the Nassau County Clerk as the homeowner who occupies the below named home, or that persons authorized agent, or the person who has contracted to buy the home, or the estate of the deceased owner. If you are not in any of these categories, you are not eligible to receive a property tax reduction or refund and should not sign this agreement.

**Service to be performed:** I hereby authorize Island Property Tax Reduction Service Inc. (hereinafter referred to as IPTRS) to file an application/petition and act on my behalf and exclusively represent me in any and all proceedings before Nassau County Assessment Review Commissions and/or Village/City Assessment Review Commissions and if necessary, a Small Claims Assessment Review of the Supreme Court of Nassau County for a correction of the 2022/2023 assessment. Village/City grievance is for the 2021/2022 taxes if applicable. IPTRS will make reasonable efforts to communicate to the owner the terms of any offer or settlement made by Nassau County and/or Village/City as required by law.

**Fee for service:** IPTRS **DOES NOT CHARGE A FEE IF THERE IS NO REDUCTION.** If successful, I the undersigned agree to pay IPTRS a fee of 50% of the tax savings as a result of the filing of a grievance and/or petition to correct the tentative and/or final assessment for the 2022/2023 Nassau County School/General tax roll and separate 2021/2022 Village/City if necessary. I understand the savings will be in the form of either reduced 2022/2023 School tax bills and/or 2023 General tax bills, a refund of overpayment and/or credit on a following year's tax bill. Entire tax savings will be calculated without exemptions using the 2022/2023 School/General tax rates. No comparison will be made to prior tax years. I agree to pay the above stated fee within 45 days of billing and, if needed, reasonable collection fees and/or attorney's fees of 30% of any amount due. I hereby authorize IPTRS as my agent, to collect and deposit any refund and deduct any outstanding fees, if a refund is issued by the County/Village/City. If the property is sold, then I will be responsible to pay IPTRS its fee unless I provide IPTRS with the new owners signed acceptance of this agreement. I agree not to create a duplicate filing. A duplicate filing occurs when a homeowner authorizes more than one grievance filing for the same tax year. A duplicate filing will result in a fee of \$200.00. IPTRS reserves the right to withdraw this application if a duplicate filing is created. In addition, I agree to pay a non-refundable court imposed filing fee of \$30 if an appeal is required.

**Cancellation:** IPTRS is not a part of or affiliated with a governmental entity. I understand that I am not required to use a tax reduction service in order to file for and/or receive a tax assessment reduction. I further understand that I have the right to cancel this agreement (in writing) within seven (7) days of this contract date or prior to April 30, 2021 (whichever comes first). Prior results do not guarantee a similar outcome. Complaints regarding any services rendered or not rendered under this contract may be addressed to the Nassau County Office of Consumer Affairs. IPTRS must receive this authorization before April 30, 2021.

If you do not receive a confirmation within 10 days of the date sent or by April 30, 2021 (whichever comes first), please contact us immediately to verify that your grievance authorization has been received.

The undersigned, CERTIFIES that they are an aggrieved party within the meaning of the Real Property Tax Law and hereby authorizes the below representative to file with the Nassau County Assessment Review Commission and perform services as specified above.

Tax Year: **2022/23**

Representative Name: **I.P.T.R.S**

Rep#: **634**

Aggrieved Party \_\_\_\_\_ Relationship to Property \_\_\_\_\_  
(Authorized Person) (Owner, POA, Executor, Purchaser)

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

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Property Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Parcel ID \_\_\_\_\_

*(For Office Use Only)*

**Please complete and return both sides of this page to Island Property Tax Reduction Service**

P.O. Box 174, Oceanside, New York 11572

**Phone:** 516-764-1118

**Email:** islandpropertytax@gmail.com

**Fax:** 516-717-3084

**Other Information and Property Details**

Is the property owner-occupied? **Yes**  **No**

If not owner-occupied, please provide a separate Mailing Address for Updates:

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Please provide any negative factors below that you think may have an impact on value:  
*(For example: Busy Corner Location, Adjacent to Commercial Property, Flooding, etc...)*

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