

County of Albany

112 State Street
Albany, NY 12207



Meeting Agenda

Monday, March 9, 2020

7:15 PM

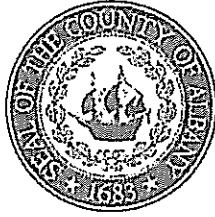
William J. Conboy II Legislative Chambers

Albany County Courthouse

County Legislature

Part II

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COUNTY OF ALBANY OFFICE OF THE COMPTROLLER
112 STATE STREET, ROOM 1030, ALBANY, NEW YORK 12207-2021
(518) 447-7130 | susan.rizzo@albanycountyny.gov

SUSAN A. RIZZO
COUNTY COMPTROLLER

February 5, 2020

Hon. Andrew Joyce, Chairman
Albany County Legislature
112 State Street – Suite 710
Albany, New York 12207

RE: RLA – Financial Advisory Services – RFP #2020-007

Dear Hon. Andrew Joyce,

The Department of Audit and Control is requesting approval to execute a professional services contract with Capital Markets Advisors, LLC. This agreement provides financial advisory services for Albany County's borrowing. The RLA, RFP #2020-007, RFP response, RFP review materials, and Purchasing Department Approval Letter are included for your review.

Should you have any questions, please contact me at (518) 447-7130.

Sincerely,

Susan A. Rizzo
County Comptroller

cc: Patrick Collins, Counsel to the Chair
Kevin Cannizzaro, Majority Counsel
Amis Zilgme, Minority Counsel

REQUEST FOR LEGISLATIVE ACTION

Contract Authorization for Financial Advisory Services:

Date: 02/05/2020
Submitted By: Susan A. Rizzo
Department: Department of Audit and Control
Title: County Comptroller
Phone: (518) 447-7130
Department Rep.
Attending Meeting: Susan A. Rizzo

Purpose of Request:

- Adopting of Local Law
 - Amendment of Prior Legislation
 - Approval/Adoption of Plan/Procedure
 - Bond Approval
 - Budget Amendment
 - Contract Authorization
 - Countywide Services
 - Environmental Impact/SEQR
 - Home Rule Request
 - Property Conveyance
 - Other: (state if not listed)
-

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual
- Revenue

Increase Account/Line No.:

Source of Funds:

Title Change:

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline

- Settlement of a Claim
 - Release of Liability
 - Other: (state if not listed)
-

Contract Terms/Conditions:

Party (Name/address):

Capital Markets Advisors, LLC
11 Grace Avenue, Suite 308
Great Neck, NY 11022

Additional Parties (Names/addresses):

Amount/Raise Schedule/Fee:

See attached supporting documentation

Scope of Services:

Financial Advisory Services

Bond Res. No.:

Date of Adoption:

CONCERNING ALL REQUESTS

Mandated Program/Service:

Yes No

If Mandated Cite Authority:

Is there a Fiscal Impact:

Yes No

Anticipated in Current Budget:

Yes No

County Budget Accounts:

Revenue Account and Line:

Revenue Amount:

Appropriation Account and Line: A 1315 44046
Appropriation Amount: \$58,500

Source of Funding -- (Percentages)

Federal:
State:
County: 100%
Local:

Term

Term: (Start and end date) 01/01/2020 – 12/31/2022
Length of Contract: 3 years with two optional 1 year extensions

Impact on Pending Litigation Yes No

If yes, explain:

Previous requests for Identical or Similar Action:

Resolution/Law Number:
Date of Adoption:

Justification: (state briefly why legislative action is requested)

Albany County requires a financial advisor when it issues new debt. The most recent contract for financial advisory services has expired.



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Hon. Susan A. Rizzo, Comptroller
Office of the Comptroller

FROM: Karen Storm *[Signature]*
Purchasing Agent

DATE: February 4, 2020

RE: RFP#2020-007, Financial Advisory Services

I am in receipt of your recommendation to award the aforementioned Request for Proposals to Capital Markets Advisors, LLC.

I have reviewed your scoring sheets and believe that you have performed a thorough evaluation of the proposal(s) submitted. I have no objection to the selection of Capital Markets Advisors, LLC, for an award.

Please obtain the necessary contract approval of the County Legislature, so that we may issue a Notice of Award to the successful proposer.

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DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

January 29, 2020

Hon. Andrew C. Joyce, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Joyce:

Enclosed is our Request for Legislative Action from the Department for Children, Youth and Families for permission to renew a grant with NYS Office of Children and Family Services for the Children's Advocacy Center- Child Fatality Review Team.

The requested grant is for the term of February 1, 2020 – January 31, 2021 for \$69,637 and involves amending the 2020 Departmental Budget to accept and utilize these funds.

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-7792.

Sincerely,

Gail Geohagen-Pratt
Commissioner

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1461, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization of Grant Acceptance from the NYSOCFS for CAC CFRT, Contract Authorization with SIDS of Pennsylvania Cribs for Kids and to Amend 2020 Budget

Date: January 29, 2020
Submitted By: Scott McNelis
Department: Children, Youth and Families
Title: Contract Administrator
Phone: 7306
Department Rep.
Attending Meeting: Gail Geohagen, Commissioner

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual
- Revenue

Increase Account/Line No.: 6119 0 3407 / 6119 4 4020, 4039, 4042, 4046
Source of Funds: NYSOCFS
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Renewal

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State OCFS
52 Washington Street
Rensselaer, NY 12144

Additional Parties (Names/addresses):

SIDS of Pennsylvania
Cribs for Kids
5450 Second Avenue
Pittsburgh, PA 15207

Amount/Raise Schedule/Fee: \$69,637
Scope of Services: Child Advocacy Center Services

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No

Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: 6119 0 3407
Revenue Amount: \$69,637

Appropriation Account and Line: 6119 4 4020 4039 4042 4046
Appropriation Amount: 1,697 6,850 50,140.00 10,950.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.
State: 100
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term

Term: (Start and end date) February 1, 2020 to January 31, 2021
Length of Contract: 12 Months

Impact on Pending Litigation

If yes, explain: Yes No
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 19-135, 18-26, 17-347, 16-327, 15-351, 15-64
Date of Adoption: 4/8/19, 2/12/18, 9/11/17, 8/8/16, 9/14/15, 2/9/15

Justification: (state briefly why legislative action is requested)

Please see attached

Child Advocacy Center -
Child Fatality Review Team Grant Budget Amendment

| APPROPRIATIONS | | | | | | |
|--------------------|-----------|---------------------------------|------------------|------------------|-----------------|--------|
| | ACCOUNT I | RESOLUTION DESCRIPTION | INCREASE | DECREASE | DEPARTMENT NAME | ANNUAL |
| AA 6119 | 4 4020 | Office Supplies | 1,697.00 | | DCYF | |
| AA 6119 | 4 4039 | Conferences, Training, Tuition | 6,850.00 | | DCYF | |
| AA 6119 | 4 4042 | Printing and Advertising | 50,140.00 | | DCYF | |
| AA 6119 | 4 4046 | Fees for Services | 10,950.00 | | DCYF | |
| | | TOTAL APPROPRIATIONS | <u>69,637.00</u> | <u>0.00</u> | | |
| ESTIMATED REVENUES | | | | | | |
| | ACCOUNT I | RESOLUTION DESCRIPTION | DECREASE | INCREASE | DEPARTMENT NAME | |
| AA 6119 | 0 3407 | Child Advocacy Center | 0.00 | 69,637.00 | DCYF | |
| | | TOTAL ESTIMATED REVENUES | <u>0.00</u> | <u>69,637.00</u> | | |
| | | GRAND TOTALS | <u>69,637.00</u> | <u>69,637.00</u> | | |

Department for Children, Youth and Families

**Backup Material for Authorization of Grant Acceptance from the
New York State Office of Children and Family Services
For the Children's Advocacy Center - Child Fatality Review Team, Contract Authorization with
SIDS of Pennsylvania Cribs for Kids,
and to Amend the 2020 Adopted Budget**

The Department respectfully requests Legislative authorization to accept grant funding from the New York State Office of Children and Family Services (NYS OCFS) for the Children's Advocacy Center – Child Fatality Review Team (CFRT) and amend the 2019 Adopted Department for Children, Youth and Families budget. The grant award is a five year award for the contract term of February 1, 2019 to January 31, 2024, with a total value of \$348,185 with no County share for the term.

The Department requests authorization to accept the annual award amount of \$69,637 for the period of February 1, 2020 to January 31, 2021 and to amend the 2020 Adopted Department for Children, Youth and Families budget accordingly. The Department also respectfully requests contract authorization with SIDS of Pennsylvania Cribs for Kids, through this grant award, in the amount of \$10,950.00, for the term of February 1, 2020 to January 31, 2021.

The Albany County CFRT is a collaboration of professionals from various disciplines. The Albany County CFRT purpose and goals are to prevent future deaths and promote child safety. The Team reviews child fatalities, addresses systems issues, makes recommendations for improved practice for those agencies involved in child fatality investigations, and recommends measures to prevent future child fatalities and promote overall safety and well-being of children, especially surviving siblings.

The grant funds for the contract will be used to: 1) ensure educational information is made available to the public and professionals about risk factors that contribute to preventable child deaths such as unsafe sleeping practices for infants, pedestrian safety, bicycle safety, hyperthermia, pool safety and abusive head trauma (shaken baby syndrome) using an array of educational and media approaches; 2) continue a local chapter of the national Cribs for Kids organization and distribute cribs directly to those children in need; and 3) provide training to support continued improved practices and approaches of the multi-disciplinary team members.

The Team is currently comprised of representatives from the Child Protective Service of the Albany County Department for Children, Youth and Families (ACDCYF); the New York State Office of Children and Family Services (NYS OCFS); the Albany County Department of Health (DOH); the Albany County Coroner's office (Coroner); the Office of the Albany County District Attorney (District Attorney); the Office of the Albany County Attorney (County Attorney); a representative of local police department(s)--Albany, Altamont, Bethlehem, Cohoes, Colonie, and Guilderland--in ALBANY County; a representative of the New York State Police; a representative of the Albany County Department of Emergency Services (EMS); and Albany County Sheriff's Office; a pediatrician with expertise in the area of child abuse and maltreatment.

The Department for Children, Youth and Families – Children's Advocacy Center has received funding in the past from NYS OCFS specifically for the Child Fatality Review Team. This funding has allowed, and will continue to support, the Albany County collaborative to increase public awareness and advocacy for the issues that affect the health and safety of children, as well as the team's other stated purpose and goals.



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

January 14, 2020

Ms. Gail Geohagen-Pratt, Commissioner
Albany County Department for Children, Youth & Families
112 State Street, Suite 300
Albany, NY 12207

RE: Contract #C028477

Dear Ms. Geohagen-Pratt:

This letter is to inform you the NYS Office of Children and Family Services (OCFS) is adding the second year of the funding in the amount of \$69,637.00 to the already approved multiyear Albany County Department for Children, Youth & Families Child Fatality Review Team (CFRT) contract. The funding being added is for the period 2/1/2020-1/31/2021.

If you have any questions, feel free to contact your OCFS Program Manager, Michael Miller at (518) 473-4285 or Michael.Miller@ocfs.ny.gov.

I want to wish you continued success in providing services to the children and families of New York State.

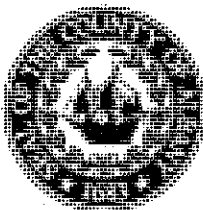
Sincerely,

A handwritten signature in cursive script that reads "Margaret Bissell".

Margaret Bissell
Director of Child Fatality Review and Prevention

cc: John Lockwood, OCFS Regional Director
Michael Miller, OCFS Program Manager

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COUNTY OF ALBANY
 DEPARTMENT OF MENTAL HEALTH
 175 GREEN STREET
 ALBANY, NEW YORK 12202
 518-447-4537 FAX 518-447-4577
 WWW.ALBANYCOUNTY.COM

Daniel P. McCoy
 County Executive

Stephen J. Giordano, Ph.D.
 Director of Mental Health

Daniel C Lynch, Esq.
 Deputy County Executive

Susan H. Daley
 Deputy Director

January 27, 2020

Honorable Andrew Joyce, Chairman
 Albany County Legislature
 112 State St., Rm. 710
 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission for a budget amendment and increased contract authorization for Addictions Care Center of Albany (ACCA). NYS Office of Addiction Services and Supports (OASAS) recently notified the Department of Mental Health that they were providing additional funding of \$125,371. The additional funding covers expenses for ACCA's residential program. There is no County share associated with this contract.

Feel free to contact me or Mark Gleason if you have any questions concerning this request.

Sincerely,

Stephen J. Giordano, Ph.D.

Director

cc: Hon. Dennis A. Feeney, Majority Leader
 Hon. Frank A. Mauriello, Minority Leader
 Kevin Cannizzaro, Majority Counsel
 Minority Counsel



Legislation Text

File #: TMP-1453, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Budget Amendment and Contract Authorization for Addictions Care Center of Albany

Date: 1/24/2020
Submitted By: Mark Gleason
Department: Mental Health
Title: Operations Analyst
Phone: 518-447-3014
Department Rep.
Attending Meeting: Dr. Stephen Giordano

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: A94230.44428
Source of Funds: NYS Office of Addiction Services and Support
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

Addictions Care Center of Albany, 90 McCarty Ave. Albany, NY 12202

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$125,371

Scope of Services: Provides intensive residential services, case management and prevention services to individuals suffering from chemical dependencies.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

File #: TMP-1453, Version: 1

County Budget Accounts:

Revenue Account and Line: A34230.03486
Revenue Amount: \$125,371

Appropriation Account and Line: A94230.44428
Appropriation Amount: \$125,371

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.
State: 100%
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2020-12/31/2020
Length of Contract: 12 months

Impact on Pending Litigation

If yes, explain: Yes No
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 505
Date of Adoption: 11/12/2019

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission for a budget amendment and increased contract authorization for Addictions Care Center of Albany (ACCA). ACCA provides intensive residential services, case management and prevention services to individuals suffering from chemical dependencies. NYS Office of Addiction Services and Supports (OASAS) recently notified the Department of Mental Health that they were providing additional funding of \$125,371 to ACCA. The additional funding covers expenses for ACCA's residential program. There is no County share associated with this contract.

| APPROPRIATIONS | | | | | | | | |
|----------------|-------------|---|------|-----------------------------|---------------|---------------|-----------------|--------------------|
| | ACCOUNT NO. | | | RESOLUTION DESCRIPTION | INCREASE | DECREASE | UNIT COST | DEPARTMENT NAME |
| A | 4230 | 4 | 4428 | Addictions Care Center | \$ 125,371.00 | | \$ 1,797,586.00 | Mental Health Dept |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | TOTAL APPROPRIATIONS | \$ 125,371.00 | \$ - | | |
| | ACCOUNT NO. | | | RESOLUTION DESCRIPTION | DECREASE | INCREASE | UNIT COST | DEPARTMENT NAME |
| REVENUES | | | | | | | | |
| A | 4230 | 0 | 3486 | Narcotics Addiction Control | | \$ 125,371.00 | \$ 4,474,097.00 | Mental Health Dept |
| | | | | | | | | |
| | | | | TOTAL ESTIMATED REVENUES | \$ - | \$ 125,371.00 | | |
| | | | | GRAND TOTALS | \$ 125,371.00 | \$ 125,371.00 | | |

New York State Office of Addiction Services and Supports
State Aid Funding Authorization

SBRRPALB100
01/16/2020 11:41

County: Albany (1) Fiscal Year : 2020 As of: 01/16/2020
Region: Hudson

| Agency Number/Name | Init Code | Program Code/PRU Direct | Gross | Revenue | Net | Approved Budgeted Amounts | | | Local Share | Non-Funded | Restr. Code |
|--|-----------|-------------------------|-----------|-----------|-----------|---------------------------|---------------------|-----------|-------------|------------|-------------|
| | | | | | | Funded Net | Funding Code/Source | One-time | | | |
| 35090 Addictions Care Center of Albany, Inc. | VV | 0810 00 52994 | 20,000 | 0 | 20,000 | 20,000 | 013S | 20,000 | 0 | 0 | |
| | | 0810 01 52256 | 76,886 | 0 | 76,886 | 76,886 | 013F | 76,886 | 0 | 0 | |
| | | 0850 00 53037 | 103,076 | 0 | 103,076 | 103,076 | 013S | 103,076 | 0 | 0 | |
| | | 12 3600 00 53212 | 1,301,116 | 710,000 | 591,116 | 591,116 | 013S | 591,116 | 0 | 0 | |
| | | 12 3600 03 53459 | 1,685,492 | 1,225,565 | 459,927 | 459,927 | 013F | 459,927 | 0 | 0 | |
| | | CC 4075 00 53090 | 101,117 | 0 | 101,117 | 101,117 | 013S | 101,117 | 0 | 0 | |
| | | JB 4080 00 53384 | 159,767 | 0 | 159,767 | 159,767 | 013S | 159,767 | 0 | 0 | |
| | | JB 4778 00 90051 | 50,000 | 0 | 50,000 | 50,000 | 013S | 50,000 | 0 | 0 | |
| | | Agency 35090 Total: | 3,733,151 | 1,935,565 | 1,797,586 | 1,797,586 | All | 1,797,586 | 0 | 0 | |
| 35240 Albany-Schoharie-Schdy Saratoga BOCES | | 5520 00 90052 | 160,253 | 29,749 | 130,504 | 130,504 | 013F | 130,504 | 0 | 0 | |
| | | 5590 00 90868 | 79,285 | 63,785 | 14,500 | 14,500 | 013S | 14,500 | 0 | 0 | |
| | | Agency 35240 Total: | 238,538 | 93,534 | 145,004 | 145,004 | All | 145,004 | 0 | 0 | |
| 35300 Hope House, Inc. | | 3078 00 52258 | 64,465 | 0 | 64,465 | 64,465 | 013S | 64,465 | 0 | 0 | X |
| | | 3470 00 53381 | 53,772 | 0 | 53,772 | 53,772 | 013S | 53,772 | 0 | 0 | X |
| | | Y 3551 00 5001 | 1,994,719 | 1,717,149 | 277,570 | 277,570 | 013F | 277,570 | 0 | 0 | X |
| | | 3560 00 465 | 1,313,772 | 399,472 | 914,300 | 914,300 | 013F | 914,300 | 0 | 0 | X |
| | | P 3560 01 53380 | 585,924 | 255,392 | 330,532 | 330,532 | 013F | 330,532 | 0 | 0 | X |
| | | P 3570 00 51834 | 1,699,732 | 512,025 | 1,177,707 | 1,177,707 | 013F | 1,177,707 | 0 | 0 | X |
| | | Agency 35300 Total: | 5,702,384 | 2,884,038 | 2,818,346 | 2,818,346 | All | 2,818,346 | 0 | 0 | |
| 42720 Albany Diocesan School Board | | 5520 01 90059 | 46,312 | 4,202 | 42,110 | 42,110 | 013F | 42,110 | 0 | 0 | |
| | | Agency 42720 Total: | 46,312 | 4,202 | 42,110 | 42,110 | All | 42,110 | 0 | 0 | |

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Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

January 28, 2020

The Honorable Andrew Joyce
Chairman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Suite 710
Albany, New York 12207

Dear Chairman Joyce:

Shaker Place Rehabilitation and Nursing Center respectfully requests to enter into an agreement with Sprint Com Property Services, which will permit them to utilize, through a lease arrangement, space at Shaker Place Rehabilitation and Nursing Center.

The total reimbursement to the nursing home for the use of its property over the five (5) year period of this agreement will be \$177,257.00. This contract will be in the form of an amendment as Sprint Com and the County of Albany has utilized this format since July 1996.

We respectfully request approval to enter into this agreement that will be a source of revenue for the nursing

Sincerely,

Larry I. Slatky
Executive Director

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Arnis Zilgme, Minority Counsel





Legislation Text

File #: TMP-1469, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Sprint Com Property Services to Lease Space at Shaker Place for Communication Systems

Date: January 28, 2020
Submitted By: Larry I. Slatky
Department: Shaker Place Rehabilitation and Nursing Center
Title: Executive Director
Phone: 518-213-8940
Department Rep.
Attending Meeting: Larry I. Slatky

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

Sprint Com, Inc.
6220 Sprint Parkway
Overland Park, Kansas 66251-2650

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$177,257.00

Scope of Services: Shaker Place Rehabilitation and Nursing Center, County of Albany, will provide leased space to house radio communications, including but not limited to, utility lines, transmission lines, electronic equipment, radio transmitting and receiving antennas and supportive equipment and structures, to Sprint Com.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: 02410
Revenue Amount: \$177,257.00

Appropriation Account and Line: Click or tap here to enter text.
Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 9/1/2020 through 8/31/2025
Length of Contract: 60 months

Impact on Pending Litigation Yes No
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 179
Date of Adoption: 5/11/2015

Justification: (state briefly why legislative action is requested)

Albany County Nursing Home, now known as Shaker Place Rehabilitation and Nursing Center on behalf of the County Of Albany, leases space to Sprint Com to house their communication systems. The original lease dates back to July 11, 1996 and the method utilized by the County of Albany and Sprint Com is to amend the existing agreement at it's conclusion, for a period of five (5) years with a 3% increase to the base payment annually.

Site Name: Albany County Nursing Home

Site ID #: AL03XC001-A

FOURTH AMENDMENT TO LEASE AGREEMENT

This Fourth Amendment to Lease Agreement (this "Fourth Amendment"), effective as of the date last signed below ("Effective Date"), amends a certain Lease Agreement dated April 25, 2002, ("Original Agreement") between SprintCom, Inc., a Kansas corporation, successor in interest to Independent Wireless One Leased Realty Corporation, a Delaware corporation ("IWO" or "Sprint"), and the County of Albany ("County"), as amended by First Amendment to Lease Agreement dated July 14, 2009 ("First Amendment"), as amended by Second Amendment to Lease Agreement dated July 5, 2012 ("Second Amendment"), and further amended by Third Amendment to Lease Agreement dated December 3, 2015 ("Third Amendment") (the Original Agreement, the First Amendment, the Second Amendment, and the Third Amendment shall collectively be referred to herein as the "Agreement").

BACKGROUND

WHEREAS, the Agreement is set to expire on August 31, 2020, and Sprint and County desire to extend the term of the Agreement.

WHEREAS, Sprint and County desire to modify certain provisions of the Agreement as provided below.

AGREEMENT

For good and valuable consideration, the receipt and sufficiency of which are acknowledged, County and Sprint agree as follows:

1. **Term.** Article II of the Original Agreement and Section 1 of the Third Amendment are amended by adding the following:

The current term of the Agreement will expire on August 31, 2020. Notwithstanding anything to the contrary in the Agreement, Sprint is granted one (1) additional renewal term of five (5) years (an "Additional Renewal Term"). The Agreement will automatically renew for the Additional Renewal Term without any further action unless Sprint gives written notice of its decision not to renew before expiration of the then current term.

2. **Modification to Rent.** Article III of the Original Agreement and Section 2 of the Third Amendment are amended by adding the following:

Notwithstanding anything to the contrary in the Agreement, starting on September 1, 2020 and on the first day of every month thereafter, Sprint will pay rent in advance in equal monthly installments of Two Thousand Seven Hundred Eighty-Two and 26/100 Dollars (\$2,782.26). Rent will escalate by three percent (3%) on September 1, 2021 and every year thereafter. Rent for any partial months will be prorated based upon a 30-day month.

3. **Notice Address.** Article VII of the Original Agreement is hereby deleted in its entirety and replaced with the following:

All notices must be in writing and will be deemed to have been delivered upon receipt or refusal to accept delivery and are effective only when deposited in the U.S. mail, certified mail, return receipt requested and postage prepaid or when sent via nationally-recognized courier delivery service addressed to the recipient party as follows:

| | |
|------------|---|
| To County: | County of Albany 100 Heritage Lane Albany, NY 12211 |
|------------|---|

To Sprint: Sprint Property Services
Sprint Site ID: AL03XC001-A
Mailstop KSOPHD0101-Z2650
6220 Sprint Parkway
Overland Park, Kansas 66251-2650

With a mandatory copy to: Sprint Law Department
Sprint Site ID: AL03XC001-A
Attn.: Real Estate Attorney
Mailstop KSOPHD0101-Z2020
6220 Sprint Parkway
Overland Park, Kansas 66251-2020

County or Sprint may from time to time designate any other address for this purpose by written notice to the other party.

4. General Terms and Conditions.

a. All capitalized terms used in this Fourth Amendment, unless otherwise defined herein, will have the same meaning as the terms contained in the Agreement.

b. In case of any inconsistencies between the terms and conditions contained in the Agreement and the terms and conditions contained in this Fourth Amendment, the terms and conditions herein will control. Except as set forth herein, all provisions of the Agreement are ratified and remain unchanged and in full force and effect.

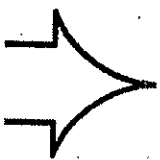
c. This Fourth Amendment may be executed in duplicate counterparts, each of which will be deemed an original.

d. Each of the parties represents and warrants that it has the right, power, legal capacity and authority to enter into and perform its respective obligations under this Fourth Amendment.

The parties have executed this Fourth Amendment as of the Effective Date.

County:
County of Albany

Sprint:
SprintCom, Inc., a Kansas corporation



By: _____
Printed Name: _____ (please use blue ink)
Title: _____
Date: _____, 201__

By: Silvia J. Lin
Printed Name: Silvia J. Lin
Title: Manager, Real Estate
Date: 12/21/2019

Site Name: Albany County Nursing Home

Site ID #: AL03XC001-A

THIRD AMENDMENT TO LEASE AGREEMENT

This Third Amendment to Lease Agreement ("Third Amendment"), is made effective as of the date last signed below ("Effective Date"), between County of Albany ("County") and Independent Wireless One Leased Realty Corporation, a Delaware corporation ("IWO").

BACKGROUND

Pursuant to a Lease Agreement dated April 25, 2002 ("Original Agreement"), as amended by First Amendment to Lease Agreement dated July 14, 2009 ("First Amendment"), and further amended by Second Amendment to Lease Agreement dated July 5, 2012, ("Second Amendment"), (collectively the "Agreement"), County leased to IWO a certain portion of real property located at 780 Albany Shaker Road, Town of Colonie, County of Albany, State of New York, as more particularly described in Exhibit A to the Agreement ("Site").

The Agreement will expire on August 31, 2015.

IWO and County desire to amend the Agreement and extend the term of the Agreement, as set forth herein.

AGREEMENT

In consideration of the mutual promises between the parties and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, County and IWO agrees as follows:

- 1. **Term Extension.** Notwithstanding the provisions of Article II of the Original Agreement, Paragraph 1 of the First Amendment and Section 1 of the Second Amendment, the current term of the Agreement will expire on August 31, 2015. Commencing on September 1, 2015, the term of the Agreement is five (5) years and shall expire August 31, 2020.
- 2. **Rent.** Effective on September 1, 2015, ("Extension Term Commencement Date"), the monthly rent amount will be increased to Two Thousand Four Hundred and no/100s Dollars (\$2400.00). The rent for each successive year will be increased on each anniversary of the Extension Term Commencement Date by 3% of the monthly installment of rent payable during the previous year.
- 3. **Permitted Use.** The final paragraph of Article I of the Original Agreement will be deleted in its entirety and replaced with the following:

"County leases said real property with a license for reasonable access thereto, and to the appropriate sources of electric and telephone facilities. IWO has the right to modify, supplement, upgrade, replace, remove, refurbish, or relocate the equipment related to the IWO PCS facility, including without limitation utility lines, transmission lines, equipment shelters, electronic equipment, antennas, coax, microwave dishes, and supporting equipment, within the Site only, at any time during the term of this Agreement, provided that IWO complies with all applicable laws and regulations. County agrees to cooperate with IWO in all respects in connection with the foregoing. IWO may operate the PCS facility at any frequency for which it has all requisite permits."
- 4. **Termination.** Section 4 of the Second Amendment is hereby deleted in its entirety.

County Initials pe

IWO Initials MM

5. General Terms and Conditions.

(a) All capitalized terms used in this Third Amendment, unless otherwise defined herein, will have the same meaning as the terms contained in the Agreement.

(b) In case of any inconsistencies between the terms and conditions contained in the Agreement and the terms and conditions contained in this Third Amendment, the terms and conditions herein will control. Except as set forth below, all provisions of the Agreement are ratified and remain unchanged and in full force and effect.

(c) This Third Amendment may be executed in duplicate counterparts, each of which will be deemed an original.

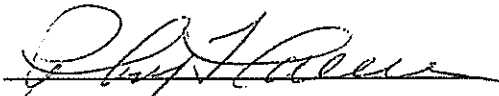
(d) County agrees to promptly execute and deliver to IWO a recordable Memorandum of Third Amendment in the form of Attachment 1, attached.

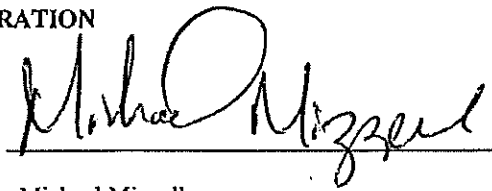
(e) Each of the parties represent and warrant that they have the right, power, legal capacity and authority to enter into and perform their respective obligations under this Third Amendment.

The parties have executed this Amendment as of the Effective Date.

COUNTY OF ALBANY

INDEPENDENT WIRELESS ONE LEASED REALTY CORPORATION

By: 
Name: Philip F Calderone
Title: Deputy County Executive
Date: 9/23/15

By: 
Name: Michael Mizzell
Title: Manager-Vendor Management
Date: 12/3/2015

County Initials 

IWO Initials 

COUNTY NOTARY BLOCK

STATE OF New York)
) ss.
COUNTY OF Albany)

The foregoing instrument was (choose one) attested or acknowledged before me
this 23rd day of September, 2015, by (choose one)
 Philip Calderone, as Deputy County Executive of
Albany County, a municipal corporation of New York State

In witness whereof I hereunto set my hand and official seal.

Tracy Murphy

NOTARY PUBLIC

TRACY A MURPHY
Notary Public, State of New York
No. 02MU6263245
Qualified in Albany County
Commission Expires June 11, 2016

IWO NOTARY BLOCK

STATE OF KANSAS)
) ss.
COUNTY OF JOHNSON)

Acknowledgment by Corporation
Pursuant to Uniform Acknowledgment Act

The foregoing instrument was acknowledged before me this 4 day of
December, 2015, by Michael Mizzell on behalf of Independent Wireless
One Leased Realty Corporation, a Delaware corporation

In witness whereof I hereunto set my hand and official seal.

Pamela D. Mahoney

Notary Public
State of Kansas
Pamela D. Mahoney
My Commission Expires 6/3/2018

County Initials PC

IWO Initials MM

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:
Sprint Property Services
Mailstop KSOPHT0101-Z2650
6391 Sprint Parkway
Overland Park, Kansas 66251-2650

[space above this line for Recorder's use]

MEMORANDUM OF THIRD AMENDMENT TO LEASE AGREEMENT

This Memorandum of Third Amendment to Lease Agreement ("Memorandum") dated December 4, 2015, evidences that an amendment ("Amendment") was made to Lease Agreement dated April 25, 2002 ("Agreement") by and between County of Albany ("County") and Independent Wireless One Leased Realty Corporation, a Delaware corporation ("IWO").

The Agreement as amended provides in part that County has leased to IWO a certain site located at 780 Albany Shaker Road, Town of Colonie, County of Albany, State of New York, more particularly described on **Exhibit A** attached hereto.

The term of IWO's lease and tenancy under the Amendment is five (5) years commencing on September 1, 2015 ("Extension Term Commencement Date").

The parties have executed this Memorandum as of the day and year first above written..

County:
COUNTY OF ALBANY

IWO:
INDEPENDENT WIRELESS ONE LEASED REALTY CORPORATION

By: *Philip F. Calderone*
Printed Name: Philip F. Calderone
Title: Deputy County Executive

By: *Michael Mizzell*
Printed Name: Michael Mizzell
Title: Manager – Vendor Management

COUNTY NOTARY BLOCK

County Initials *PC*

IWO Initials *MM*

STATE OF New York)
) ss.
COUNTY OF Albany)

The foregoing instrument was (choose one) attested or acknowledged before me
this 22nd day of September, 2015, by (choose one)
 Philip Giddens, as Deputy County Executive of
Albany County, a municipal corporation of New York State

In witness whereof I hereunto set my hand and official seal.

Tracy Murphy

NOTARY PUBLIC

TRACY A MURPHY
Notary Public, State of New York
No. 02MU6263245
Qualified in Albany County
Commission Expires June 11, 2016

IWO NOTARY BLOCK

STATE OF KANSAS)
) ss.
COUNTY OF JOHNSON)

Acknowledgment by Corporation
Pursuant to Uniform Acknowledgment Act

The foregoing instrument was acknowledged before me this 4 day of
December, 2015, by Michael Mizzell on behalf of
Independent Wireless One Leased Realty Corporation, a Delaware corporation

In witness whereof I hereunto set my hand and official seal.

Pamela D. Mahoney

Notary Public
State of Kansas
Pamela D. Mahoney
My Commission Expires 6/13/2015

County Initials AL

IWO Initials MM

EXHIBIT A
TO MEMORANDUM OF THIRD AMENDMENT TO LEASE AGREEMENT
Site Description

SCHEDULE "A" DESCRIPTION

ALL that certain tract, piece or parcel of land, together with the buildings and improvements thereon, situate lying and being in the Town of Colonie, County of Albany and State of New York, being more particularly bounded and described as follows:

- NORTHERLY by the Road leading to Shaker Ridge Country Club;
- EASTERLY by Albany-Shaker Road (County Route 151);
- SOUTHERLY by lands of the County of Albany and Town of Colonie (Heritage Park);
- WESTERLY by other lands of the County of Albany.

Intending to describe that portion of lands owned by the County of Albany upon which is situate the Albany County Nursing Home Facility.

County Initials RE

IWO Initials [Signature]

103



DANIEL P. McCOY
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 24, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Applications for Corrected Tax Roll – Town of Guilderland
6 Jani Ln Pr, Guilderland, NY 12186

Dear Chairman Joyce:

Enclosed is an Application for Corrected Tax Roll, submitted by Karen VanWagenen, Assessor for the Town of Guilderland. The assessor inadvertently assessed the aforementioned property as if the property was fully constructed. The assessor has since determined the assessed value to be \$162,000. The Guilderland Board of Assessment Review considered the correction and approved the value on 12/6/2019. The decision came after the assessor submitted documentation to the County for preparation of the 2020 tax levy.

According to Real Property Tax Law, the error can be corrected due to clerical error, for an incorrect entry of assessed value on an assessment roll or on a tax roll, which, because of a mistake in transcription, does not conform to the entry for the same parcel on the final verified state of the board of assessment review. I recommend correcting the tax roll to reflect an amount due of \$1,000.43. Enclosed is supporting documentation for your review.

Sincerely,

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1464, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Correct Tax Roll - Town of Guilderland

Date: January 24, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.
Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to correct the Town of Guilderland Tax Roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

Yes No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Enclosed is an Application for Corrected Tax Roll, submitted by Karen VanWagenen, Assessor for the Town of Guilderland. The assessor inadvertently assessed the aforementioned property as if the property was fully constructed. The assessor has since determined the assessed value to be \$162,000. The Guilderland Board of Assessment Review considered the correction and approved the value on 12/6/2019. The decision came after the assessor submitted documentation to the County for preparation of the 2020 tax levy.

According to Real Property Tax Law, the error can be corrected due to clerical error, for an incorrect entry of assessed value on an assessment roll or on a tax roll, which, because of a mistake in transcription, does not conform to the entry for the same parcel on the final verified state of the board of assessment review. I recommend correcting the tax roll to reflect an amount due of \$1,000.43. Enclosed is supporting documentation for your review.



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|------------------------|---|--|--|
| Names of owners Allen D. VanAlstyne, Jr. | | | | | |
| Mailing address of owners (number and street or PO box) 129 Kings Rd. | | | Location of property (street address) 6 Jani Ln Pr | | |
| City, village, or post office West Coxsackie | | State NY | ZIP code 12192 | | |
| City, town, or village Guiderland | | State NY | ZIP code 12186 | | |
| Daytime contact number | | Evening contact number | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 013089 61.00-1-31.14 | |
| Account number (as appears on tax bill) 10604 | | | Amount of taxes currently billed 3,334.80 | | |
| Reasons for requesting a correction to tax roll: Property was assessed for a value of a completely constructed building. The building consisted of a foundation only as of March 1, 2019. Board of Assessment Review signed the change 12/6/19. The approval was too late to change property tax bills. | | | | | |

I hereby request a correction of tax levied by Town of Guiderland for the year(s) 2020.
(County, city, village, etc.)

| | |
|--|--------------------|
| Signature of applicant <i>Karen M. VanLegeren, Assessor</i> | Date 12-13-2019 |
|--|--------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/17/2020 | Period of warrant for collection of taxes 01/01/2020 |
| Last day for collection of taxes without interest 01/31/2020 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official <i>M.A. Alip</i> | Date 1/23/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Guiderland who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ :
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed 3,334.80 | Corrected tax 1,000.49 |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Tax ID#61.00-1-31.14

GUILDERLAND 2020 PROPERTY TAX

Fiscal Year 01/01/2020 to 12/31/2020

Warrant Date 12/31/2019

Bank # 008

Bill #01061

121

| | | | |
|--|--|--|--|
| Mail Payments/Checks payable to: | In Person Payment: | Collection information: | Property Description and Location |
| LYNNE M. BUCHANAN RECEIVER OF TAXES PO BOX 339 GUILDERLAND, NY 12084-0339 | GUILDERLAND TOWN HALL 5209 WESTERN TURNPIKE 518-356-1980 | AT G'LAND TOWN HALL MONDAY Through FRIDAY 9:00AM - 4:30PM EXTRA JANUARY HOURS: WEDNESDAYS ONLY 9:00am to 6:00pm | Town 013089 School 013403 Location: 6 Jani Ln Pr Class 210 Roll Sect. 1 Account No. 2019 Mortgage No. EOY Nat B Front 0.00 Depth 0.00 Acres 3.29 |

ONLINE TAX PAYMENT
www.TownofGuilderland.org

Property Taxpayer's Bill of Rights

The Assessor estimates the FULL MARKET VALUE OF THIS PROPERTY as of 07/01/2018 was 540,000

The assessed value of this property as of 03/01/2019 was 540,000. The UNIFORM PERCENTAGE OF VALUE to establish assessments was 100.0 %. If You feel your assessment is inequitable, you have the right to seek a review. A publication entitled 'Contesting Your Assessment' is available at www.tax.ny.gov. Please note that the period for filing complaints on the above assessment has passed.

Est County Aid 91,269,848 Est State Aid 135,398

VanAlstyne Allen D Jr
129 Kings Rd
West Coxsackie, NY 12192

61.00-1-31.14

(STAR exemptions apply only to school taxes.)

| Exemption/Purpose | Value | Full Value | Exemption/Purpose | Value | Full Value | Exemption/Purpose | Value | Full Value |
|-------------------|-------|------------|-------------------|-------|------------|-------------------|-------|------------|
| | | | | | | | | |

| Levy Description | Taxable Value* | Tax Rate | Tax Levy | % Levy Change | Tax Amount |
|----------------------|----------------|-------------|----------|---------------|----------------|
| County | 540000.00 | 3.47654700M | 15189491 | 6.500 | 563,201,877.34 |
| Alt-gc ambulance dst | 540000.00 | 0.23169700M | 202196 | 3.700 | 31,531,251.12 |
| Town General | 540000.00 | 0.18571700M | 816142 | 0.000 | 30,091,000.29 |
| NYS Retirement | 540000.00 | 0.11036400M | 485000 | 131.300 | 17,885,929.60 |
| Highway | 540000.00 | 0.85144900M | 3612135 | 9.100 | 137,934,599.78 |
| Alb Co Election | 540000.00 | 0.01489000M | 65436 | 58.000 | 2,418,000.00 |
| Guilderld center fd | 540000.00 | 1.30486500M | 665772 | 3.200 | 211,397,046.63 |

Total Tax Due 3334.80

1,000.49

cut here

cut here

School 013403
Bank 008

(for receipt, check the box [] and return entire bill with payment)

GUILDERLAND 2020 PROPERTY TAX

010604

Tax Map ID #61.00-1-31.14

*** Checks Subject to Collection ***

Check _____ Cash _____ Town 013089 Bill # 010604

Paid by _____ circle amount paid

Returned Check Fee 20.00

VanAlstyne Allen D Jr
129 Kings Rd
West Coxsackie, NY 12192

| Tax | Penalty | 2ND NOTICE Svc Chg Fees | Pay on or before | Pay This Amount |
|---------|---------|----------------------------|------------------|-----------------|
| 3334.80 | 0.00 | 0.00 | 01/31/2020 | 3334.80 |
| 3334.80 | 33.35 | 0.00 | 03/02/2020 | 3368.15 |
| 3334.80 | 66.70 | 0.00 | 03/31/2020 | 3401.50 |

2020 Town County Rates

| Tax top | Rate/1000 | New Assessed | Rate/1000 | Old Assessed | Rate/1000 | Old Assessed |
|--------------------------|-----------|--------------|-------------------|--------------|-------------------|-------------------|
| General Fund | 0.185717 | \$162,000.00 | \$30.09 | \$540,000.00 | 0.185717 | \$540,000.00 |
| NYS Retirement | 0.110364 | \$162,000.00 | \$17.88 | \$540,000.00 | 0.110364 | \$540,000.00 |
| Highway | 0.851449 | \$162,000.00 | \$137.93 | \$540,000.00 | 0.851449 | \$540,000.00 |
| Alb Co Election | 0.014890 | \$162,000.00 | \$2.41 | \$540,000.00 | 0.014890 | \$540,000.00 |
| County Purposes | 3.476547 | \$162,000.00 | \$563.20 | \$540,000.00 | 3.476547 | \$540,000.00 |
| SPECIAL DISTRICTS | | | | | | |
| AD501 Alt-Gld Ctr Amb | 0.231697 | \$162,000.00 | \$37.53 | \$540,000.00 | 0.231697 | \$540,000.00 |
| AD502 Guilderland | 0.087870 | \$0.00 | \$0.00 | \$0.00 | 0.087870 | \$0.00 |
| DL501 Town Demo Lein | | | \$0.00 | | | \$0.00 |
| FD501 Altamont Fire | 0.625423 | \$0.00 | \$0.00 | \$0.00 | 0.625423 | \$0.00 |
| FD502 Guilderland Fire | 1.504431 | \$0.00 | \$0.00 | \$0.00 | 1.504431 | \$0.00 |
| FD503 Guild Ctr Fire | 1.304865 | \$162,000.00 | \$211.39 | \$540,000.00 | 1.304865 | \$540,000.00 |
| FD504 Guild Fire Prot | 1.003769 | \$0.00 | \$0.00 | \$0.00 | 1.003769 | \$0.00 |
| FD505 Elmwood Pk | 1.973343 | \$0.00 | \$0.00 | \$0.00 | 1.973343 | \$0.00 |
| FD506 Fort Hunter Fire | 0.962939 | \$0.00 | \$0.00 | \$0.00 | 0.962939 | \$0.00 |
| FD507 McKownville Fire | 1.507564 | \$0.00 | \$0.00 | \$0.00 | 1.507564 | \$0.00 |
| FD508 Westmere Fire | 0.936894 | \$0.00 | \$0.00 | \$0.00 | 0.936894 | \$0.00 |
| FD509 Rotterdam Fire | 0.907087 | \$0.00 | \$0.00 | \$0.00 | 0.907087 | \$0.00 |
| LT501 McKownville Light | 0.118347 | \$0.00 | \$0.00 | \$0.00 | 0.118347 | \$0.00 |
| LT502 Guilderland Light | 0.184391 | \$0.00 | \$0.00 | \$0.00 | 0.184391 | \$0.00 |
| LT503 Pres. Est. Light | 0.457423 | | | | 0.457423 | |
| LT504 Pine Hill Light | 0.094777 | | \$0.00 | | 0.094777 | \$0.00 |
| LT505 Weatherfield Light | 0.022651 | | | | 0.022651 | |
| LT506 Railroad Ave Light | 0.000000 | | | | 0.000000 | |
| SW501 Zone A P&I Sewer | 11.446600 | 5 | \$0.00 | 5 | 11.446600 | \$0.00 |
| SW502 Zone B P&I Sewer | 3.765400 | | | | 3.765400 | |
| Total Sewer Debt | | | | | | |
| SW505 O&M | 79.066500 | 3 | \$0.00 | 3 | 79.066500 | \$0.00 |
| WD501 Guilderland Water | 0.673582 | \$0.00 | \$0.00 | \$0.00 | 0.673582 | \$0.00 |
| WD505 West End Water | 1.000000 | | | | 1.000000 | |
| WD599 Unpaid Water Tax | 1.000000 | | | | 1.000000 | |
| OT501 Omitted Tax Cnty | | | | | | |
| OT502 Omitted Tax Town | | | | | | |
| OT505 Agri Penalty Town | | | | | | |
| OT506 Agri Penalty Cnty | | | | | | |
| | | | \$1,000.43 | | | \$3,334.79 |
| | | | | | Difference | \$2,334.35 |

The owner of 6 Jani Lane submitted a building permit in 2008 for construction of a 3772 square foot home with a porch and three-car garage. Construction started and a foundation exists. In 2008, the inventory was added to the parcel in the RPS computer program and on the data card. The total assessment has remained from 2008 to 2019 at a land value \$40,900.

In 2019, the Town of Guilderland conducted a mass reevaluation of the entire town using the RPS program and data base. The parcel inventory of 61.00-1-31.14, 6 Jani Lane, consisted of a house. The program calculated a total assessed value of \$540,000 including the building. Land value is calculated at \$108,000. Inventory and Disclosure Notices were sent to the owner. The Town of Guilderland did not receive any response for any correspondence sent to the owner. The owner brought the discrepancy to our attention after they received the Voorheesville 2019-20 School Tax bill.

Currently, the house is still a foundation only. The value of the 3.29 acres of land and the 1904 square feet of foundations should be \$162,000 total assessment and \$108,000 land value. The \$162,000 would be a partial assessment for the current year.

The Board of Assessment Review considered the correction and approved the corrected value on 12/6/2019. The approval was submitted after all necessary materials had been submitted to the Town of Guilderland and to Albany County for preparation of January 2020 tax bills. Calculations for a corrected Town of Guilderland and Albany County Tax bill is attached.

I am requesting on behalf of the owner, Allen D. VanAlstyne, Jr., for a correction of the Town of Guilderland and Albany County Tax Roll. The correction should be approved based on *Error in essential fact (RPTL section 550, subdivision 3)(b)*.



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

NOTICE AND PETITION OF ASSESSOR TO THE BOARD OF ASSESSMENT
REVIEW FOR THE Town of Guilderland (assessing unit) FOR
CORRECTION OF THE 20 19 FINAL ASSESSMENT ROLL

To be completed in duplicate by assessor, or designated member of the Board of Assessors. Assessor is to transmit copy by certified mail, return receipt requested, to individual named in Part 2, item 1, EXCEPT where the proposed correction will result in a lower assessment. Transmit original to Chairman of Board of Assessment Review

PART 1: NOTICE OF PETITION

You are hereby notified that the Board of Assessment Review for Town of Guilderland will convene at
Time (a.m./p.m.) on Date at Guilderland Town Hall Assessing Unit for the purpose of acting on
the Assessor's or Board of Assessor's petition (see below) to correct the 2019 final assessment roll.
Year

Note: You may appear at the meeting and present any information relevant to the petition below. The Board of Assessment Review will notify the tax levying body of any changes to be made. The tax levying body will then notify you of any such change.

PART 2: PETITION

Allen D. VanAlstyne, Jr. Day () Evening ()
1a. Name of Owner 2. Telephone Number
129 Kings Rd.
West Coxsackie, NY 12192 6 Jani Ln Pr
1b. Mailing Address 3. Parcel Location (if different than 1b.)
1c. E-mail Address (optional)
61.00-1-31.14 PC 210
4. Description of real property as shown on tax roll or tax bill (Include tax map designation)
5. Account No. 2019-003494-1

6a. Entry appearing on final assessment roll: Land Value 108,000 Total Value 540,000 Exempt Value
6b. Entry on final assessment roll should be: Land Value 108,000 Total Value 162,000 Exempt Value

7. Type of error (see definitions on reverse side):

- Clerical error, as defined in Sec. 550 (2), para.
Error in essential fact, as defined in Sec. 550 (3), para. b
Unlawful entry, as defined in Sec. 550(7), para.
Omitted parcel of taxable real property or an omitted improvement on current or preceding year's assessment roll.
Incorrect grant of partial exemption on preceding year's assessment roll; no transfer of title has occurred.

- An entry of assessed valuation of taxable State-owned land on current or preceding year's roll which is less than amount approved by the Office of Real Property Tax Services.
An entry of assessed valuation of a special franchise on current or preceding year's roll which is less than final assessment thereof made by the Office of Real Property Tax Services or the full value of that special franchise as determined by the Office of Real Property Tax Services adjusted by the final state equalization rate established by the Office of Real Property Tax Services for the assessment roll upon which that value appears.

8. Describe how error occurred (Be specific; do not repeat definitions on reverse side; attach documentation) Property was assessed for a value of a completely constructed building. The building consisted of a foundation as of March 1, 2019.

(Use additional sheets if necessary)

I, Karen M. Van Wagenen, Assessor or designated member of the majority of the Board of Assessors of the Town of Guilderland, hereby petition the Board of Assessment Review to correct the 20 19 final assessment roll as indicated above.
Assessing Unit

09/20/19
Date

Karen M Van Wagenen
Assessor's signature

Parcel Information

Curr Owner: VanAlstyne, Allen D Jr
 Location: 6 Jani Ln Pr
 Guilderland, NY
 Acct #: 2019
 School Cd: 013403 New Scotland 3
 Roll Sect: 1 Taxable RS/S:
 Prop Class: 210 1 Family Res

Parcel Land Size
 Front: 0.00 Acres: 3.29
 Depth: 0.00 Sq Ft: 0
 Grid Coordinates
 East: 604619 North: 971493

File Maintenance Info
 Created: 04/18/2002
 Modified: 09/17/2019 04:32 PM
 By: vanwagen
 Folder: Residential Building

Site Characteristics

Site No: 1
 Site Type: R Residential
 Prop Class: 210 1 Family Res
 Route No:
 Nbhd Cd: 34
 Sewer Type: 2 Private
 Water Supply: 3 Comm/public
 Utilities: 3 Electric
 Site Desire: 2 Typical
 Nbhd Type: 1 Rural
 Nbhd Rating: 2 Average
 Road Type: 3 Improved
 DC Entry Type: 1 Inter Inspect
 Zoning Cd: RA3 Rural/Ag
 Economic Obs: 0
 Data Mailer: Yes
 Last Phy Insp: Reappraisal: 02/01/2019

Residential Building Information

Bldg Style: 05 Colonial
 No. Stories: 2.0
 Ext Wall Mtri: 02 Brick
 Act Yr Blt: 2008
 Eff Yr Blt:
 Yr Remodal:
 No. Kitchen: 0
 Kitchen Qual: 4 Good
 No. Bath: 0
 No. Half: 0
 Bath Qual: 4 Good
 No. Bdms: 0
 No. Rooms: 0
 No. Fireplaces: 0
 Firepic Type:
 Heat Type: 1 No central
 Fuel Type: 1 None
 Central Air: No
 Bsmt Type: 4 Full
 Bsmt Gar Cap: 0
 Overall Cond: 4 Good
 Ext Cond: 4 Good
 Int Cond: 4 Good
 Constr Grade: B Good
 Grade Adjust: 0
 Pct Good: 0
 Func Obs: 0
 Area in Sq. Ft.
 1st Story: 0 Fin Bsmnt: 0
 2nd Story: 0 Unfin 1/2: 0
 Addl Story: 0 Unfin 3/4: 0
 1/2 Story: 0 Unfin Rm: 0
 3/4 Story: 0 Unfin Ovr Gar: 0
 Over Garage: 0 SFLA: 0
 Fin Attic: 0 Fin Rec Rm: 0

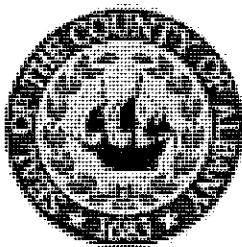
Land

Type
 01 Primary
 Front 0.00
 Depth 0.00
 Acres 3.29
 Sq Ft 0
 Soil Rating
 Land Breakdowns
 Depth Factor 0
 Infr Pct 0
 Infr Cd 1 0
 Infr Cd 2 0
 Infr Cd 3 0
 Land Value 239500
 Unit Price Code 72796.353

Additional Improvements

Structure Code
 RG1 Garage, 1 Story Attached
 RP2 Porch, Covered
 Measure Code
 Dim1 Dimension 29.00
 Dim2 24.00
 Dim3 6.00
 SQFT MISC
 .00
 .00
 Overall Act Eff Yr
 Grd Cond B Good 2008
 Yr Built 2008
 Pct Built 1.00
 Pct Func 0
 Gd Obs 0
 Srv Life 0
 RCN 42045
 RCNLD No. 35739
 Unit Bid No. 0
 Bid Sec 0
 RCN 5675
 Unit Bid No. 4596
 Bid Sec 0

104



Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 29, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Application for Corrected Tax Roll – Town of Guilderland
1228 Western Avenue, Guilderland, NY 12084

Dear Chairman Joyce,

Lynne Buchanan, Tax Collector for the Town of Guilderland, submitted an Application for Corrected Tax Roll, on behalf of the owner of the aforementioned property.

The 2020 property tax bill for The Albany Place Development LLC includes an omitted 2019 town and county tax. It appears the Town of Guilderland Industrial Development Agency also billed the owner for the 2019 omitted taxes. The Industrial Development Agency received a payment, which included the 2019 omitted tax amount of \$ 10,282.84.

The tax collector provided substantial backup to show that the Industrial Development Agency received payment and in return, the Industrial Development Agency paid the amount due to the Town and the County. Due to a clerical error, the 2010 omitted tax was inadvertently applied 2020 property tax bill.

I recommend removing the 2019 omitted tax amounts from the 2020 property tax bill. The corrected property tax amount is \$13,285.42.

Sincerely,

A handwritten signature in cursive script, appearing to read 'M. Alix'.

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1489, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Correct Tax Roll - Town of Guilderland

Date: January 29, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Maggie A. Alix
Phone: 518-487-5291
Department Rep.
Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to correct the Town of Guilderland Tax Roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

Yes No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Lynne Buchanan, Tax Collector for the Town of Guilderland, submitted an Application for Corrected Tax Roll, on behalf of the owner of 1228 Western Ave, Guilderland, NY 12084. The Albany Place Development LLC has a PILOT agreement with the Town of Guilderland Industrial Development Agency.

The 2020 property tax bill for The Albany Place Development LLC includes an omitted 2019 town and county tax. It appears the Town of Guilderland Industrial Development Agency also billed the owner for the 2019 omitted taxes. The Industrial Development Agency received a payment, which included the 2019 omitted tax amount of \$ 10,282.84.

The tax collector provided substantial backup to show that the Industrial Development Agency received payment and in return, the Industrial Development Agency paid the amount due to the Town and the County. Due to a clerical error, the 2010 omitted tax was inadvertently applied 2020 property tax bill.

I recommend removing the 2019 omitted tax amounts from the 2020 property tax bill. The corrected property tax amount is \$13,285.42.



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|---|--|--------------------------|--|--|--|
| Names of owners Albany Place Development | | | | | |
| Mailing address of owners (number and street or PO box) 38 Hospital Road | | | Location of property (street address) 1228 Western Ave | | |
| City, village, or post office Tuxedo | | State NY | ZIP code 10987 | City, town, or village Guiderland | |
| State NY | | ZIP code 12084 | | | |
| Daytime contact number 518-356-1980 | | Evening contact number | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 63.08-4-5 | |
| Account number (as appears on tax bill) 12540 | | | Amount of taxes currently billed 23,568.26 | | |
| Reasons for requesting a correction to tax roll: Guiderland IDA billed Albany Place Development separately for the 2019 Omitted County and Town taxes. See attached IDA letter and copy of check. | | | | | |

I hereby request a correction of tax levied by Albany County for the year(s) 2020.
(County, city, village, etc.)

| | |
|--|--------------------------|
| Signature of applicant <i>Elyse M. Buchanan</i> | Date 1/24/2020 |
|--|--------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|--|
| Date application received 1/29/2020 | Period of warrant for collection of taxes 01/1/2020 |
| Last day for collection of taxes without interest 1/31/2020 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official <i>W. A. Alip</i> | Date 1/29/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Guiderland who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$ 23,568.26 | Corrected tax \$ 13,285.42 |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Tax ID#63.08-4-5

GUILDERLAND 2020 PROPERTY TAX

Fiscal Year 01/01/2020 to 12/31/2020

Warrant Date 12/31/2019

Bank # 800

Bill #01254

435

Mail Payments/Checks payable to:

In Person Payment:

Collection information:

Property Description and Location

LYNNE M. BUCHANAN
RECEIVER OF TAXES
PO BOX 339
GUILDERLAND, NY 12084-0339

GUILDERLAND TOWN HALL
5209 WESTERN TURNPIKE
518-356-1980

AT G'LAND TOWN HALL
MONDAY Through FRIDAY
9:00AM - 4:30PM
EXTRA JANUARY HOURS:
WEDNESDAYS ONLY
9:00am to 6:00pm

Town 013089 School 013002
Location: 1228 Western Ave
Class 633 Roll Sect. 8
Account No. 2019GD#0890
Mortgage No. 1b
Front 120.00 Depth 0.00
Acres 5.80

ONLINE TAX PAYMENT
www.TownofGuilderland.org

Property Taxpayer's Bill of Rights

The Assessor estimates the FULL MARKET VALUE OF THIS PROPERTY as of 07/01/2018 was 1,865,000
The assessed value of this property as of 03/01/2019 was 1,865,000. The UNIFORM PERCENTAGE OF VALUE to establish assessments was 100.0 %. If you feel your assessment is inequitable, you have the right to seek a review. A publication entitled 'Contesting Your Assessment' is available at www.tax.ny.gov. Please note that the period for filing complaints on the above assessment has passed.
Est County Aid 91,269,848 Est State Aid 135,398

(STAR exemptions apply only to school taxes.)

Albany Place Development LLC 63.08-4-5
38 Hospital Rd
Tuxedo, NY 10987

| Exemption/Purpose | Value | Full Value | Exemption/Purpose | Value | Full Value | Exemption/Purpose | Value | Full Value |
|-------------------|-----------|-------------|-------------------|-------|------------|-------------------|-------|------------|
| MUNI IDA | 1,865,000 | \$1,865,000 | | | | | | |

| Levy Description | Taxable Value* | Tax Rate | Tax Levy | % Levy Change | Tax Amount |
|----------------------|----------------|--------------|----------|---------------|------------|
| County | 0.00 | 3.47654700M | 15189491 | 6.500 | 0.00 |
| Town General | 0.00 | 0.18571700M | 816142 | 0.000 | 0.00 |
| Guilderland | 1865000.00 | 0.08787000M | 314538 | 2.000 | 163.88 |
| NYS Retirement | 0.00 | 0.11036400M | 485000 | 131.300 | 0.00 |
| Highway | 0.00 | 0.85144900M | 3612135 | 9.100 | 0.00 |
| Alb Co Election | 0.00 | 0.01489000M | 65436 | 58.000 | 0.00 |
| Mckownville f.d. | 1865000.00 | 1.50756400M | 461250 | -0.300 | 2,811.61 |
| Mckownville lighting | 1865000.00 | 0.11834700M | 21012 | 2.000 | 220.72 |
| Guild sewer zone a | 150.00 | 11.44660000U | 0 | 0.000 | 1,716.99 |
| Sewer oper & maint | 90.00 | 79.06650000U | 0 | 0.000 | 7,115.99 |
| Guilderland water | 1865000.00 | 0.67358200M | 2641668 | -7.900 | 1,256.23 |
| Omitted Tax County | 7819.51 | 1.00000000U | 0 | 0.000 | 7,819.51 |
| Omitted Tax Town | 2463.33 | 1.00000000U | 0 | 0.000 | 2,463.33 |

Total Tax Due 23568.26

cut here

cut here

School 013002
Bank 800

(for receipt, check the box [] and return entire bill with payment)

GUILDERLAND 2020 PROPERTY TAX

012540

Tax Map ID #63.08-4-5

Check _____ Cash _____ Town 013089 Bill # 012540

*** Checks Subject to Collection ***

Paid by _____ circle amount paid

Returned Check Fee 20.00

Albany Place Development LLC
38 Hospital Rd
Tuxedo, NY 10987

| Tax | Penalty | 2ND NOTICE Svc Chg Fees | Pay on or before | Pay This Amount |
|----------|---------|----------------------------|------------------|-----------------|
| 23568.26 | 0.00 | 0.00 | 01/31/2020 | 23568.26 |
| 23568.26 | 235.68 | 0.00 | 03/02/2020 | 23803.94 |
| 23568.26 | 471.37 | 0.00 | 03/31/2020 | 24039.63 |

TOWN OF GUILDERLAND
Receiver of Taxes
P.O. Box 339
Guilderland, NY 12084

INVOICE FOR REAL PROPERTY TAX PILOT PAYMENT -2019

To: Albany Place Development LLC
c/o Promenade Senior Living
38 Hospital Road
Tuxedo, New York 10987

Date: September 19, 2019

2019 Assessment, Tax Map No. 63.08/-4-5

\$1,715,400.00

| | |
|---------------------|--------------------|
| Town of Guilderland | \$ 4,549.61 |
| County of Albany | <u>\$13,776.34</u> |

TOTAL AMOUNT DUE: \$18,325.95

PLEASE MAKE CHECK PAYMENT TO: RECEIVER OF TAXES, TOWN OF GUILDERLAND

DRAFT FOR DISCUSSION PURPOSES ONLY
 DATED: AUGUST 23, 2019

SECTION 1: Minimum Base PILOT Amount

| | 2017 Taxes Paid | 2018 CPI-U | 2018-CPI-U \$ Increase | 2019 PILOT Amount |
|--------|--------------------|---------------|---------------------------|----------------------|
| Town | \$ 4,451.67 | 2.2% | \$ 97.94 | \$ 4,549.61 |
| County | \$ 13,479.78 | 2.2% | \$ 296.56 | \$ 13,776.34 |
| | \$ 17,931.45 | | \$ 394.49 | \$ 18,325.94 |

SECTION 2: Normal Tax Calculation minus PILOT Tax Exemption Schedule Amount

| | Assessed Value | Tax Rate | Actual Amount | PILOT @ 50% |
|------------------------------|-----------------|-------------|---------------|-------------|
| Town | | | | |
| General | \$ 1,715,400.00 | 0.000260679 | \$ 447.17 | \$ 223.58 |
| Highway 2 | \$ 1,715,400.00 | 0.001095123 | \$ 1,878.57 | \$ 939.29 |
| NYS Retirement | \$ 1,715,400.00 | 0.000066979 | \$ 114.90 | \$ 57.45 |
| | | | \$ 2,440.64 | \$ 1,220.32 |
| County | | | | |
| General | \$ 1,715,400.00 | 0.004558418 | \$ 7,819.51 | \$ 3,909.76 |
| Albany Co Election | \$ 1,715,400.00 | 0.000013227 | \$ 22.69 | \$ 11.34 |
| | | | \$ 7,842.20 | \$ 3,921.10 |
| Total Town and County | | | \$ 10,282.84 | \$ 5,141.42 |

SECTION 2: Tax Payment Due
 Greater of Base PILOT Amount or Percentage of Normal Tax

Amount due is the following:

| | |
|------|--------------|
| Town | \$ 4,549.61 |
| Town | \$ 13,776.34 |
| | \$ 18,325.95 |

← included in total payment.

PIONEER COMMERCIAL BANK

Member FDIC

Pioneer Plaza, 652 Albany Shaker Rd
Albany, NY 12211-0799
Return Service Requested

00000301 MPCB0111011901334300 01 000000000 0000336 002



TOWN OF GUILDERLAND INDUSTRIAL
DEVELOPMENT AGENCY
P.O. BOX 339
GUILDERLAND NY 12084

438

Account Number XXXXXX0043
Statement Date 10/31/2019
Statement Thru Date 10/31/2019
Checks/Items Enclosed 3
Page 1

Customer Service Information

Customer Care 1(518)730-3001
 Visit Us Online www.pioneerbanking.com

00000301 0000326 0001-0004

IMPORTANT MESSAGE(S)

We've updated our monthly account statements to be easier to read and understand, effective with your next statement. We hope you enjoy the new look!

MUNICIPAL CHECKING

Account Number: XXXXXX0043

Account Owner(s): TOWN OF GUILDERLAND INDUSTRIAL
DEVELOPMENT AGENCY

Balance Summary

| | |
|------------------------------------|----------------------|
| Beginning Balance as of 10/01/2019 | 00,000.00 |
| + Deposits and Credits (1) | \$18,325.95 |
| - Withdrawals and Debits (3) | 00,000.00 |
| Ending Balance as of 10/31/2019 | 00,000.00 |
| Service Charges for Period | \$0.00 |
| Average Balance for Period | 00,000.00 |
| Average Collected for Period | 00,000.00 |
| Minimum Balance for Period | 00,000.00 |

TRANSACTION DETAIL

| Date | Description | Deposits | Withdrawals | Balance |
|--------|-------------------|-----------|---------------------|----------------------|
| Oct 01 | BEGINNING BALANCE | | | 00,000.00 |
| Oct 24 | DEPOSIT | 18,325.95 | | 00,000.00 |
| Oct 30 | CHECK #2034 | | 1,110.00 | 00,000.00 |
| Oct 31 | CHECK #2033 | | 670.05 | 00,000.00 |
| Oct 31 | CHECK #2038 | | 500.00 | 00,000.00 |
| Oct 31 | ENDING BALANCE | | | 00,000.00 |



*Reconciled
11/6/19
WPC*

CHECK IMAGES (Continued)

THIS DOCUMENT HAS A COLORED SECURITY BACKGROUND. COPY CASH IF THE WORD "VOID" IS VISIBLE. THIS PAPER HAS AN ARTIFICIAL WATERMARK ON REVERSE SIDE AND IS ALTERATION PROTECTED.

TOWN OF GUILDERLAND INDUSTRIAL DEVELOPMENT AGENCY
 GUILDERLAND TOWN HALL
 P.O. BOX 339
 GUILDERLAND, NY 12084

PIONEER COMMERCIAL BANK
 TROY, NY 12180
 60-1382213
 01

002037

10/22/2018

PAY TO THE ORDER OF Receiver Of Taxes, Town of Guilderland

\$ 4,549.61

Four Thousand Five Hundred Forty-Nine and 61/100 DOLLARS

Receiver Of Taxes, Town of Guilderland
 PO Box 339
 Guilderland, N.Y. 12084

MEMO Albany Place Pilot

William C. Adams
William H. Adams

SHIPMENT AREA - X
 FOR DEPOSIT ONLY
 TOWN OF GUILDERLAND

DO NOT WRITE IN THESE SPACES
 DO NOT SIGN BELOW THIS LINE

11/05/2019 Check 2037 \$4,549.61

TOWN OF GUILDERLAND INDUSTRIAL DEVELOPMENT AGENCY
 GUILDERLAND TOWN HALL
 P.O. BOX 339
 GUILDERLAND, NY 12084

PIONEER COMMERCIAL BANK
 TROY, NY 12180
 60-1382213
 01

002036

10/22/2018

PAY TO THE ORDER OF County of Albany

\$ 13,776.34

Thirteen Thousand Seven Hundred Seventy-Six and 34/100 DOLLARS

County of Albany
 112 State Street, Room B00
 Albany, N.Y. 12307

MEMO Albany Place Pilot

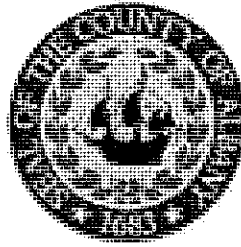
William C. Adams
William H. Adams

SHIPMENT AREA - X
 PAY TO THE ORDER OF
 TROY BANK
 122000048
 FOR DEPOSIT ONLY
 COUNTY OF ALBANY
 GENERAL FUND ACCOUNT
 3034152075

DO NOT WRITE IN THESE SPACES
 DO NOT SIGN BELOW THIS LINE

11/15/2019 Check 2036 \$13,776.34

105



DANIEL P. McCOY
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 29, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Applications for Corrected Tax Roll – Albany County Land Bank

Dear Chairman Joyce,

Enclosed within are applications to correct multiple parcels. The NYS Legislature passed a bill, effective December 28, 2018, that exempts real property of a land bank from taxation upon the date of transfer of title, notwithstanding the applicable taxable status date. The Land Bank acquired the majority of the parcels on December 23, 2019; on December 24, 2019, the deeds were recorded with the Albany County Clerk. The Towns did not received notice in time to make the properties wholly exempt prior to processing the 2020 property tax bills.

Two additional properties were transferred to the Land Bank after the enacted legislation. These two properties should have been exempted upon receiving the sales data and prior to the processing the 2020 property tax bills. The remaining five properties transferred to the Land Bank before December 28, 2018. The property did not become exempt up acquisition but became exempt as of the next taxable status day. These properties were to be exempt as of taxable state date, 2019.

Please see the enclosed spreadsheet for a more accurate account of the Land Bank parcels. Pursuant to the new legislation, and the administration of the Land Bank exemption, I recommend correcting the unlawful entries by cancelling the 2020 property tax.

Sincerely,

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1497, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Correct Tax Roll

Date: January 29, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.
Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to Correct Tax Rolls - Town(s) Bethlehem, New Scotland, Colonie, Rensselaerville and City of Watervliet

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

Yes No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Enclosed within are applications to correct multiple parcels. The NYS Legislature passed a bill, effective December 28, 2018, that exempts real property of a land bank from taxation upon the date of transfer of title, notwithstanding the applicable taxable status date. The Land Bank acquired the majority of the parcels on December 23, 2019; on December 24, 2019, the deeds were recorded with the Albany County Clerk. The Towns did not received notice in time to make the properties wholly exempt prior to processing the 2020 property tax bills.

Two additional properties were transferred to the Land Bank after the enacted legislation. These two properties should have been exempted upon receiving the sales data and prior to the processing the 2020 property tax bills. The remaining five properties transferred to the Land Bank before December 28, 2018. The property did not become exempt up acquisition but became exempt as of the next taxable status day. These properties were to be exempt as of taxable state date, 2019.

Please see the enclosed spreadsheet for a more accurate account of the Land Bank parcels. Pursuant to the new legislation, and the administration of the Land Bank exemption, I recommend correcting the unlawful entries by cancelling the 2020 property tax.

**Request for Legislative Action
Albany County Land Bank**

| Municipality | Location of Property | Tax Map Number | Recorded Transfer Date | Amount of Taxes Currently Billed | Corrected Tax |
|-----------------|---------------------------|----------------|------------------------|----------------------------------|---------------|
| New Scotland | 1101 Delaware Tpke | 95-3-52 | <u>11/8/2018</u> | \$4,581.30 | \$0.00 |
| New Scotland | 198 Normanskill Road | 62-4-11.1 | 12/24/2019 | \$339.66 | \$0.00 |
| New Scotland | 3 Rock Hill Road | 94-1-7 | 9/25/2019 | \$286.68 | \$0.00 |
| Bethlehem | Western Avenue | 85.09-3-10 | 12/24/2019 | \$743.10 | \$0.00 |
| Bethlehem | Hunter Road | 85.11-3-18 | 12/24/2019 | \$568.27 | \$0.00 |
| Bethlehem | 40 Elm Ave E | 109.00-2-17 | 12/24/2019 | \$1,529.97 | \$0.00 |
| Watervliet | 1212 4th Avenue | 32.82-2-36 | 12/24/2019 | \$587.20 | \$0.00 |
| Watervliet | 211 15th Street | 32.67-2-42 | 12/24/2019 | \$217.20 | \$0.00 |
| Watervliet | 202 15th Street | 32.75-1-25 | 12/24/2019 | \$225.88 | \$0.00 |
| Colonie | 1208 Chestnut Street | 32.19-1-22 | 12/24/2019 | \$145.30 | \$0.00 |
| Colonie | 48 Vly Road | 29.11-5-13.1 | 12/24/2019 | \$4,311.37 | \$0.00 |
| Colonie | 22 Sherwood Drive | 30.2-2-48 | 12/24/2019 | \$1,659.13 | \$0.00 |
| Colonie | 23 Overlook Avenue | 31.8-2-24 | 12/24/2019 | \$7.04 | \$0.00 |
| Colonie | 169 Troy Schenectady Road | 32.1-2-5.14 | 12/24/2019 | \$83.62 | \$0.00 |
| Rensselaerville | 3048 SR 145 | 171.-2-19 | 12/24/2019 | \$1,033.68 | \$0.00 |
| Rensselaerville | Main Street R | 137.9-3-29 | <u>9/12/2016</u> | \$0.21 | \$0.00 |
| Rensselaerville | 26 Frieda's Hill Lane | 180.-1-20 | <u>2/27/2018</u> | \$10.67 | \$0.00 |
| Rensselaerville | 433 Niles Road | 172.-2-16.10 | 1/31/2019 | \$136.25 | \$0.00 |
| Rensselaerville | Pucker Street | 180.-2-34 | <u>2/1/2017</u> | \$0.27 | \$0.00 |
| Rensselaerville | 936 Main Street SR 145 | 171.-3-3 | <u>8/30/2018</u> | \$93.02 | \$0.00 |

12/24/19 transfers *exempt pursuant to legislation enacted 12/28/2018

12/24/19 transfers **exempt pursuant to legislation enacted 12/28/2018

12/24/19 transfers *** exempt as of 03/01/2019



Application for Corrected Tax Roll

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | |
|--|---|---|
| Names of owners Albany County Land Bank Corporation | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 1101 Delaware TPK |
| City, village, or post office Albany | State NY | ZIP code 12207 |
| City, town, or village New Scotland | State NY | ZIP code 12094 |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 95.-3-52 |
| Account number (as appears on tax bill) | | Amount of taxes currently billed \$4581.30 |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | |

I hereby request a correction of tax levied by New Scotland for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date <u>1/24/20</u> |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received <u>1/28/20</u> | Period of warrant for collection of taxes <u>1/1/20</u> |
| Last day for collection of taxes without interest <u>1/31/20</u> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date <u>1/30/20</u> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of New Scotland who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$4,581.30 | Corrected tax - 0 - |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Collection: Town & County 2020

Fiscal Year Start: 1/1/2020

Fiscal Year End: 12/31/2020

Warrant Date: 12/31/2019

Total Tax Due (minus penalties & interest) \$4,581.30

\$4,581.30

| | | | |
|--------------------|-------------|----------------------|-------------------|
| Tax Bill # | SWIS | Tax Map # | Status |
| 003282 | 013489 | 95.-3-52 | Unpaid |
| Address | | Municipality | School |
| 1101 Delaware Tpke | | Town of New Scotland | Bethlehem Central |

| | | | |
|--|--|--|--|
| Owners | Property Information | Assessment Information | |
| Federal Home Loan Mortgage 8250 Jones Branch Dr McLean, VA 22102 | Roll Section: 1 Property Class: 1 Family Res Lot Size: 60.00 x 150.00 | Full Market Value: 155435.00 Total Assessed Value: 143000.00 Uniform %: 92.00 | |

| Description | Tax Levy | Percent Change | Taxable Value | Rate | Tax Amount |
|---------------------|----------|----------------|---------------|------------|------------|
| County Purposes | 3808070 | 4.6000 | 143000.000 | 3.84127000 | \$549.30 |
| Town | 1463780 | 4.2000 | 143000.000 | 1.47654200 | \$211.15 |
| Town Outside | 307700 | 4.7000 | 143000.000 | 0.40763400 | \$58.29 |
| School Relevy | 0 | 0.0000 | 0.000 | 0.00000000 | \$3,564.32 |
| Special EMT | 80233 | 14.0000 | 143000.000 | 0.08536900 | \$12.21 |
| OnesqFire/Amb/LOSAP | 375258 | 2.0000 | 143000.000 | 1.30089700 | \$186.03 |

Total Taxes: \$4,581.30

FULL PAYMENT OPTION

| From: | To: | Tax Amount | Penalty | Notice Fee | Total Due |
|--------|--------------|------------|---------|------------|------------|
| Jan 01 | Jan 31, 2020 | \$4,581.30 | \$0.00 | \$0.00 | \$4,581.30 |
| Feb 01 | Feb 29, 2020 | \$4,581.30 | \$45.81 | \$0.00 | \$4,627.11 |
| Mar 01 | Mar 31, 2020 | \$4,581.30 | \$91.63 | \$0.00 | \$4,672.93 |

| Estimated State Aid - Type | Amount |
|----------------------------|-------------|
| County | 91269848.00 |
| Town | 267704.00 |

Mail Payments To:

Diane Deschenes
Town Clerk
2029 New Scotland Rd Slingerlands, NY 12159



Application for Corrected Tax Roll

Part 1 - General Information: To be completed in duplicate by the applicant.

| | | | |
|--|---|--|---|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 198 Normanskill Rd | |
| City, village, or post office Albany | State NY | ZIP code 12207 | City, town, or village New Scotland |
| | | | State NY |
| | | | ZIP code 12159 |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 1e7.-4-11.1 | |
| Account number (as appears on tax bill) | | Amount of taxes currently billed \$339.66 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by New Scotland for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 - To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of New Scotland who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 - For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$339.66 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Collection: Town & County 2020

Fiscal Year Start: 1/1/2020

Fiscal Year End: 12/31/2020

Warrant Date: 12/31/2019

Total Tax Due (minus penalties & interest) \$339.66

\$339.66

| | | | |
|--------------------|-------------|----------------------|----------------------|
| Tax Bill # | SWIS | Tax Map # | Status |
| 001220 | 013489 | 62.-4-11.1 | Unpaid |
| Address | | Municipality | School |
| 198 Normanskill Rd | | Town of New Scotland | Voorheesville Centrl |

| | | | |
|-------------------------|-------------------------------------|-------------------------------|----------|
| Owners | Property Information | Assessment Information | |
| Rodrigue Claude | Roll Section: 1 | Full Market Value: | 53370.00 |
| 247 Swift Rd | Property Class: Res vac land | Total Assessed Value: | 49100.00 |
| Voorheesville, NY 12186 | Lot Size: 214.00 x 140.00 | Uniform %: | 92.00 |

| Description | Tax Levy | Percent Change | Taxable Value | Rate | Tax Amount |
|----------------------|----------|----------------|---------------|------------|------------|
| County Purposes | 3808070 | 4.6000 | 49100.000 | 3.84127000 | \$188.61 |
| Town | 1463780 | 4.2000 | 49100.000 | 1.47654200 | \$72.50 |
| Town Outside | 307700 | 4.7000 | 49100.000 | 0.40763400 | \$20.01 |
| Special EMT | 80233 | 14.0000 | 49100.000 | 0.08536900 | \$4.19 |
| NewSalem Amb | 88475 | 14.0000 | 49100.000 | 0.22037800 | \$10.82 |
| New Salem-Fire&LOSAP | 355963 | 1.1000 | 49100.000 | 0.88664900 | \$43.53 |

Total Taxes: \$339.66

FULL PAYMENT OPTION

| From: | To: | Tax Amount | Penalty | Notice Fee | Total Due |
|--------|--------------|------------|---------|------------|-----------|
| Jan 01 | Jan 31, 2020 | \$339.66 | \$0.00 | \$0.00 | \$339.66 |
| Feb 01 | Feb 29, 2020 | \$339.66 | \$3.40 | \$0.00 | \$343.06 |
| Mar 01 | Mar 31, 2020 | \$339.66 | \$6.79 | \$0.00 | \$346.45 |

| Estimated State Aid - Type | Amount |
|----------------------------|-------------|
| County | 91269848.00 |
| Town | 267704.00 |

Mail Payments To:
 Diane Deschenes
 Town Clerk
 2029 New Scotland Rd Slingerlands, NY 12159



Application for Corrected Tax Roll

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|---|---|---|--|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) 3 Rockhill Rd | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village New Scotland | |
| | | State NY | ZIP code 12186 | | |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | Tax map number of sector/block/lot: Property identification (see tax bill or assessment roll) 94.-1-7 | |
| Account number (as appears on tax bill) | | | Amount of taxes currently billed \$286.68 | | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by New Scotland for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|--|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of New Scotland who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$286.68 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Collection: Town & County 2020

Fiscal Year Start: 1/1/2020

Fiscal Year End: 12/31/2020

Warrant Date: 12/31/2019

Total Tax Due (minus penalties & interest) \$286.68

\$286.68

Pay Full

| | | | |
|-------------------|-------------|----------------------|-------------------|
| Tax Bill # | SWIS | Tax Map # | Status |
| 003046 | 013489 | 94.-1-7 | Unpaid |
| Address | | Municipality | School |
| 3 Rock Hill Rd | | Town of New Scotland | Bethlehem Central |

| | | | |
|---|--|--|--|
| Owners | Property Information | Assessment Information | |
| Albany County Land Bank Corp. 69 State St Fl 8 Albany, NY 12207 | Roll Section: 1 Property Class: 1 Family Res Lot Size: 0.60 | Full Market Value: 152174.00 Total Assessed Value: 140000.00 Uniform %: 92.00 | |

| | |
|------------------|---------------|
| Exemption | Amount |
| COUNTY OWN | 140000.00 |

| Description | Tax Levy | Percent Change | Taxable Value | Rate | Tax Amount |
|---------------------|----------|----------------|---------------|------------|------------|
| County Purposes | 3808070 | 4.6000 | 0.000 | 3.84127000 | \$0.00 |
| Town | 1463780 | 4.2000 | 0.000 | 1.47654200 | \$0.00 |
| Town Outside | 307700 | 4.7000 | 0.000 | 0.40763400 | \$0.00 |
| Special EMT | 80233 | 14.0000 | 0.000 | 0.08536900 | \$0.00 |
| OnesqFire/Amb/LOSAP | 375258 | 2.0000 | 0.000 | 1.30089700 | \$0.00 |
| Clarksville Water | 92250 | -0.4000 | 140000.000 | 2.04769700 | \$286.68 |

Total Taxes: \$286.68

FULL PAYMENT OPTION

| From: | To: | Tax Amount | Penalty | Notice Fee | Total Due |
|--------|--------------|------------|---------|------------|-----------|
| Jan 01 | Jan 31, 2020 | \$286.68 | \$0.00 | \$0.00 | \$286.68 |
| Feb 01 | Feb 29, 2020 | \$286.68 | \$2.87 | \$0.00 | \$289.55 |
| Mar 01 | Mar 31, 2020 | \$286.68 | \$5.73 | \$0.00 | \$292.41 |

| | |
|-----------------------------------|---------------|
| Estimated State Aid - Type | Amount |
| County | 91269848.00 |
| Town | 267704.00 |

Mail Payments To:
Diane Deschenes
Town Clerk
2029 New Scotland Rd Slingerlands, NY 12159



Application for Corrected Tax Roll

RP-554
(12/19) ⁴⁵³

Part 1 - General Information: To be completed in duplicate by the applicant.

| | | | |
|--|---|---|--|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) Western Ave | |
| City, village, or post office Albany | State NY | ZIP code 12207 | City, town, or village Bethlehem |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 85.09.3-10 | |
| Account number (as appears on tax bill) | | Amount of taxes currently billed \$743.10 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by Bethlehem for the year(s) 2020
(County, city, village, etc.)

Signature of applicant: [Signature] Date: 1/24/20

Part 2 - To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received <u>1/28/20</u> | Period of warrant for collection of taxes <u>1/1/20</u> |
| Last day for collection of taxes without interest <u>1/31/20</u> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official <u>[Signature]</u> | Date <u>1/30/20</u> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Bethlehem who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 - For use by the tax levying body or official designated by resolution

Application approved (mark an X in the applicable box): _____ (insert number or date, if applicable)

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed <u>\$ 743.10</u> | Corrected tax <u>- 0 -</u> |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

Signature of chief executive officer, or official designated by resolution _____ Date _____

Town of Bethlehem



Image Mate Online

Navigation Tax Maps | Dept of Tax and Finance Links Help

| |
|---------------|
| Tax Links |
| Property Info |

Tax Bill Information

Municipality of Bethlehem, Town of

| | | | |
|-------|--------|---------|------------|
| SWIS: | 012200 | Tax ID: | 85.09-3-10 |
|-------|--------|---------|------------|

Tax Summary

Taxes reflect exemptions, but may not include recent changes in assessment.

| Tax Year | Tax Type | Original Bill | Total Assessed Value | Full Market Value | Uniform % | Roll Section |
|----------|----------|---------------|----------------------|-------------------|-----------|--------------|
| 2020 | County | \$743.10 | \$84,400.00 | \$88,842.00 | 95 | 1 |

Display Details for Taxes Levied and Payments in 2020

| | | | | | | |
|------|--------|------------|-------------|-------------|----|---|
| 2019 | County | \$2,757.89 | \$84,400.00 | \$88,842.00 | 95 | 1 |
|------|--------|------------|-------------|-------------|----|---|

Display Details for Taxes Levied and Payments in 2019

Display Historical Tax Information

Exemptions for 2019

No Details Available



Application for Corrected Tax Roll

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|--|---|--|--|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) Hunter Rd | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village Bethlehem | |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | State NY | |
| Account number (as appears on tax bill) | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 85.1-3-18 | | | |
| | | Amount of taxes currently billed \$568.27 | | | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by Bethlehem for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date <u>1/24/20</u> |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

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|---|---|
| Date application received <u>1/28/20</u> | Period of warrant for collection of taxes <u>1/1/20</u> |
| Last day for collection of taxes without interest <u>1/31/20</u> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date <u>1/30/20</u> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Bethlehem who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (Insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$568.27 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Bethlehem



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| |
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| Tax Links |
| Property Info |

Tax Bill Information

Municipality of Bethlehem, Town of

| | | | |
|-------|--------|---------|------------|
| SWIS: | 012200 | Tax ID: | 85.11-3-18 |
|-------|--------|---------|------------|

Tax Summary

Taxes reflect exemptions, but may not include recent changes in assessment.

| Tax Year | Tax Type | Original Bill | Total Assessed Value | Full Market Value | Uniform % | Roll Section |
|----------|----------|---------------|----------------------|-------------------|-----------|--------------|
| 2020 | County | \$568.27 | \$66,500.00 | \$70,000.00 | 95 | 1 |

Display Details for Taxes Levied and Payments in 2020

| | | | | | | |
|------|--------|------------|-------------|-------------|----|---|
| 2019 | County | \$2,156.61 | \$66,500.00 | \$70,000.00 | 95 | 1 |
|------|--------|------------|-------------|-------------|----|---|

Display Details for Taxes Levied and Payments in 2019

Display Historical Tax Information

Exemptions for 2019

No Details Available



Application for Corrected Tax Roll

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | |
|--|---|--|--|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 40 Elm Ave S | |
| City, village, or post office Albany | State NY | ZIP code 12207 | City, town, or village Bethlehem |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | State Ny | ZIP code 12158 |
| Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 109.00-2-17 | | Amount of taxes currently billed \$1529.97 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by Bethlehem for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Bethlehem who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):
 Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed 1,529.97 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Bethlehem



Image Mate Online

Navigation Tax Maps | Dept of Tax and Finance Links

Help

Tax Links

Property Info

Tax Bill Information

Municipality of Bethlehem, Town of

| | | | |
|-------|--------|---------|-------------|
| SWIS: | 012200 | Tax ID: | 109.00-2-17 |
|-------|--------|---------|-------------|

Tax Summary

Taxes reflect exemptions, but may not include recent changes in assessment.

| Tax Year | Tax Type | Original Bill | Total Assessed Value | Full Market Value | Uniform % | Roll Section |
|----------|----------|---------------|----------------------|-------------------|-----------|--------------|
| 2020 | County | \$1,529.97 | \$135,300.00 | \$142,421.00 | 95 | 1 |

Display Details for Taxes Levied and Payments in 2020

| | | | | | | |
|------|--------|------------|--------------|--------------|----|---|
| 2019 | County | \$4,657.87 | \$135,300.00 | \$142,421.00 | 95 | 1 |
|------|--------|------------|--------------|--------------|----|---|

Display Details for Taxes Levied and Payments in 2019

Display Historical Tax Information

Exemptions for 2019

No Details Available



Application for Corrected Tax Roll

RP-554
(12/19) 459

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | |
|--|---|--|---|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 1212 4th Ave | |
| City, village, or post office Albany | State NY | ZIP code 12207 | City, town, or village Watervliet |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | State NY | |
| Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 32.82-2-36 | | ZIP code 12199 | |
| Account number (as appears on tax bill) | | Amount of taxes currently billed \$587.20 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by Watervliet for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Watervliet who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$587.20 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

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View Bill - 001836

| | | | |
|-----------------|-------------------|-----------------|--------------------------|
| Entity | 011800-32.82-2-36 | Bill Number | 001836 |
| Bill Date | 01/01/2020 | Bill Type | 2020 Property Tax |
| Bill Status | Unpaid | Date Delinquent | 09/01/2020 |
| - | | Amount Paid | \$0.00 |
| Base Amount | \$587.20 | Interest Due | \$0.00 |
| Interest Amount | \$0.00 | Penalty Due | \$0.00 |
| Penalty Amount | \$0.00 | Base Amount Due | \$587.20 |
| Amount Due | \$587.20 | Orig Penalty | \$0.00 |
| Orig Amount | \$587.20 | Owner 2 | Tambolini Mary |
| Owner 1 | Tambolini Walter | Address 2 | Las Vegas, NV 89140-0291 |
| Address 1 | PO Box 400291 | Address 4 | |
| Address 3 | | State | |
| City | | Municipality | 011800 - Watervliet |
| Zip | | | |

As Of Date 01/27/2020

Last modified by Jesse Conway on 2019-12-20 12:19:53

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Application for Corrected Tax Roll

RP-554
(12/19) ⁴⁶¹

Part 1 -- General Information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|---|--|---|--|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) 211 15th St | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village Watervliet | |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | State NY | |
| | | | | ZIP code 12189 | |
| Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 37.67-2-42 | | | Amount of taxes currently billed \$217.20 | | |
| Account number (as appears on tax bill) | | | | | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by Watervliet for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date <u>1/24/20</u> |
|----------------------------|------------------------|

Part 2 -- To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received <u>1/28/20</u> | Period of warrant for collection of taxes <u>1/1/20</u> |
| Last day for collection of taxes without interest <u>1/31/20</u> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date <u>1/30/20</u> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Watervliet who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 -- For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed <u>\$ 217.20</u> | Corrected tax <u>-0-</u> |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

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View Bill - 001337

| | | | |
|-----------------|-----------------------------------|-----------------|-------------------------------------|
| Entity | 011800-32,67-2-42 | Bill Number | 001337 |
| Bill Date | 01/01/2020 | Bill Type | 2020 Property Tax |
| Bill Status | Unpaid | Date Delinquent | 09/01/2020 |
| - | | Amount Paid | \$0.00 |
| Base Amount | \$217.20 | Interest Due | \$0.00 |
| Interest Amount | \$0.00 | Penalty Due | \$0.00 |
| Penalty Amount | \$0.00 | Base Amount Due | \$217.20 |
| Amount Due | \$217.20 | Orig Penalty | \$0.00 |
| Orig Amount | \$217.20 | Owner 2 | 1067 Sanford Ave |
| Owner 1 | Dukhie Madan S | Address 2 | |
| Address 1 | Irvington, NJ 07111 | Address 4 | |
| Address 3 | | State | |
| City | | Municipality | 011800 - Watervliet |
| Zip | | | |

As Of Date 01/27/2020

Last modified by Jesse Conway on 2019-12-20 12:19:25

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Application for Corrected Tax Roll

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | |
|--|---|---|---|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 202 15th St | |
| City, village, or post office Albany | State NY | ZIP code 12207 | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 32.75-1-25 |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | City, town, or village Watervliet | State NY |
| Account number (as appears on tax bill) | | ZIP code 12185 | Amount of taxes currently billed \$225.88 |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by Watervliet for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date <u>1/24/20</u> |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received <u>1/28/20</u> | Period of warrant for collection of taxes <u>1/1/20</u> |
| Last day for collection of taxes without interest <u>1/31/20</u> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date <u>1/30/20</u> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Watervliet who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):
 Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed \$ 225.88 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Total Collection Solution

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- [Installments](#)
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View Bill - 001618

| | |
|-----------------|----------------------|
| Entity | 011800-32.75-1-25 |
| Bill Date | 01/01/2020 |
| Bill Status | Unpaid |
| - | |
| Base Amount | \$225.88 |
| Interest Amount | \$0.00 |
| Penalty Amount | \$0.00 |
| Amount Due | \$225.88 |
| Orig Amount | \$225.88 |
| Owner 1 | Lapierre Kathleen E |
| Address 1 | Watervliet, NY 12189 |
| Address 3 | |
| City | |
| Zip | |

| | |
|-----------------|---------------------|
| Bill Number | 001618 |
| Bill Type | 2020 Property Tax |
| Date Delinquent | 09/01/2020 |
| Amount Paid | \$0.00 |
| Interest Due | \$0.00 |
| Penalty Due | \$0.00 |
| Base Amount Due | \$225.88 |
| Orig Penalty | \$0.00 |
| Owner 2 | 202 15th St |
| Address 2 | |
| Address 4 | |
| State | |
| Municipality | 011800 - Watervliet |

As Of Date 01/27/2020

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Application for Corrected Tax Roll

RP-554

465
(12/19)

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | |
|--|---|---|--|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 1208 Chestnut St | |
| City, village, or post office Albany | State NY | ZIP code 12207 | City, town, or village Colonie |
| | | | State NY |
| | | | ZIP code 12189 |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 32.19-1-22 | |
| Account number (as appears on tax bill) | | Amount of taxes currently billed 145.30 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by Colonie for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Colonie who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed \$ 145.30 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Colonie
General Tax Bills - 2020
Duplicate Tax Bill

| | |
|--|---|
| <p><u>Tax Map No.</u> 012689 32.19-1-22</p> <p><u>Location</u> 1208 Chestnut St</p> <p><u>Dimensions</u> 0.00 by 0.00 0.14 Acres</p> | <p>School Dist 011800 Watervliet</p> <p>Tax & Finance School District Code</p> <p>Prop Class 311 Residential Vacant</p> <p>Addl Desc Lot 56-8</p> <p style="text-align: center;">N-1216 E-Chestnut St N-25-13</p> |
|--|---|

| | |
|---|---|
| <p>O Thierbecker Mildred V w Attn: Rose Elson n 2 Grace St e Albany, NY 12205-2412 r <i>Alb. Cty Land Bank 69 State St FL8 Albany, NY 12207</i></p> | <p style="text-align: right;">Bill No. 009260</p> <p style="text-align: right;">Roll Section 0</p> <p style="text-align: right;">Account No.</p> <p style="text-align: right;">Mortgage NO.</p> <p style="text-align: right;">Bank Code 000</p> <p style="text-align: right;">Assessed Value 8,000</p> <p style="text-align: right;">Full Market Value 12,800</p> <p style="text-align: right;">Uniform Percent of Value 62.50%</p> |
|---|---|

Fiscal Year 01/01/2020-12/31/2020 Estimated State Aid \$91,269,848
Warrant Dated 12/31/2019 \$3,719,414
Equalization Rate 62.50%

Exemptions

| Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount |
|-------------------------------|------------|------|-----------|-----------|------------|
| Albany County Tax | 33,850,828 | 2.0% | 8,000 | 5.577554 | 44.62 |
| | 0 | 0.0% | 0 | 0.000000 | 0.00 |
| Town of Colonie Tax | 24,312,014 | 3.4% | 8,000 | 3.990239 | 31.92 |
| Schuyler heights fd. FD003 | 606,330 | 1.0% | 8,000TO | 2.833553 | 22.67 |
| Sewer a land payment SW001 | 0 | 0.0% | 2.00UN | 21.865019 | 43.73 |
| Latham water dist WD001 | 1,553,814 | 0.0% | 8,000TO | 0.294556 | 2.36 |

Tax Amount Due: \$145.30

Payment Schedule

| | | | | |
|-----------|------------|------------|------------|--|
| | 01/31/2020 | 02/29/2020 | 03/31/2020 | |
| Due Date | | | | |
| Penalty | 0.00 | 1.45 | 2.91 | |
| Total Due | \$145.30 | \$146.75 | \$148.21 | |



Application for Corrected Tax Roll

RP-554⁴⁶⁷
(12/19)

Part 1 - General Information: To be completed in duplicate by the applicant.

| | | |
|--|---|---|
| Names of owners Albany County Land Bank Corporation | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 48 Vly Rd |
| City, village, or post office Albany | State NY | ZIP code 12207 |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | City, town, or village Colonie |
| Account number (as appears on tax bill) | | State NY |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | ZIP code 12206 |
| | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 29.11-5-13.1 |
| | | Amount of taxes currently billed \$4,311.37 |

I hereby request a correction of tax levied by Colonie for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date <u>1/24/20</u> |
|----------------------------|------------------------|

Part 2 - To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received <u>1/28/20</u> | Period of warrant for collection of taxes <u>1/1/20</u> |
| Last day for collection of taxes without interest <u>1/31/20</u> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date <u>1/30/20</u> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Colonie who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 - For use by the tax levying body or official designated by resolution _____ : (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$4,311.37 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Colonie
General Tax Bills - 2020
Duplicate Tax Bill

| | | | | | |
|---|------------|--|------------|-----------|------------|
| <u>Tax Map No.</u> 012689 29.11-5-13.1 <u>Location</u> 48 Vly Rd <u>Dimensions</u> 0.00 by 0.00 1.10 Acres | | School Dist 012601 South Colonie Tax & Finance School District Code Prop Class 210 Single Family Addl Desc N-50 E-Vly Rd S-43-85 | | | |
| O w n e r Hake Marion 48 Vly Rd Albany, NY 12205-2116 <i>Alb. Cty Land Bank</i> <i>69 State St</i> <i>Alb. NY 12207</i> | | Bill No. 028783 Roll Section 0 Account No. Mortgage NO. Bank Code 000 Assessed Value 73,500 Full Market Value 117,600 Uniform Percent of Value 62.50% | | | |
| Fiscal Year 01/01/2020-12/31/2020 Estimated State Aid \$91,269,848 Warrant Dated 12/31/2019 \$3,719,414 Equalization Rate 62.50% | | | | | |
| Exemptions | | | | | |
| Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount |
| Albany County Tax | 33,850,828 | 2.0% | 73,500 | 5.577554 | 409.95 |
| | 0 | 0.0% | 0 | 0.000000 | 0.00 |
| Town of Colonie Tax | 24,312,014 | 3.4% | 73,500 | 3.990239 | 293.28 |
| Midway fire district | 1,135,400 | 2.6% | 73,500TO | 2.082976 | 153.10 |
| FD010 | | | | | |
| Sewer a land payment | 0 | 0.0% | 5.00UN | 21.865019 | 109.33 |
| SW001 | | | | | |
| Sewer oper & maint | 0 | 0.0% | 3.00UN | 59.354565 | 178.06 |
| SW006 | | | | | |
| Latham water dist | 1,553,814 | 0.0% | 73,500TO | 0.294556 | 21.65 |
| WD001 | | | | | |
| Unpaid water rent | 0 | 0.0% | 3,146.00 | 1.000000 | 3146.00 |
| WD099 | | | | | |
| Tax Amount Due: | | | | | \$4,311.37 |
| Payment Schedule | | | | | |
| Due Date | 01/31/2020 | 02/29/2020 | 03/31/2020 | | |
| Penalty | 0.00 | 43.11 | 86.23 | | |
| Total Due | \$4,311.37 | \$4,354.48 | \$4,397.60 | | |



Application for Corrected Tax Roll

RP-554

469
(12/19)

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|---|--|--|--|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) 22 Sherwood Dr | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village Colonie | |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | State NY | |
| Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 30.2-2-48 | | ZIP code 12110 | | Amount of taxes currently billed \$1659.13 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by Albany Colonie for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Colonie who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$1,659.13 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Colonie
General Tax Bills - 2020
Duplicate Tax Bill

| <u>Tax Map No.</u> 012689 30.2-2-48 <u>Location</u> 22 Sherwood Dr <u>Dimensions</u> 0.00 by 0.00 0.19 Acres | | School Dist 012605 North Colonie Tax & Finance School District Code Prop Class 210 Single Family Addl Desc N-24 E-26 C-83-64 | | | |
|---|--|---|------------|-----------|------------|
| O w n e r Mammana Edla C 22 Sherwood Dr Latham, NY 12110-3504 <i>Alb. Cty Land Bank 69 State St #18 Alb, NY 12207</i> | Bill No. 025802 Roll Section 0 Account No. Mortgage NO. Bank Code 000 Assessed Value 86,000 Full Market Value 137,600 Uniform Percent of Value 62.50% | | | | |
| Fiscal Year 01/01/2020-12/31/2020 Estimated State Aid \$91,269,848 Warrant Dated 12/31/2019 \$3,719,414 Equalization Rate 62.50% | | | | | |
| Exemptions AGED - ALL \$43,000 | | | | | |
| Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount |
| Albany County Tax | 33,850,828 | 2.0% | 43,000 | 5.577554 | 239.83 |
| | 0 | 0.0% | 0 | 0.000000 | 0.00 |
| Town of Colonie Tax | 24,312,014 | 3.4% | 43,000 | 3.990239 | 171.58 |
| Latham fire prot. | 1,509,620 | 2.0% | 86,000TO | 1.534910 | 132.00 |
| FD004 | | | | | |
| Sewer a land payment | 0 | 0.0% | 5.00UN | 21.865019 | 109.33 |
| SW001 | | | | | |
| Sewer oper & maint | 0 | 0.0% | 3.00UN | 59.354565 | 178.06 |
| SW006 | | | | | |
| Latham water dist | 1,553,814 | 0.0% | 86,000TO | 0.294556 | 25.33 |
| WD001 | | | | | |
| Unpaid water rent | 0 | 0.0% | 803.00 | 1.000000 | 803.00 |
| WD099 | | | | | |
| Tax Amount Due: | | | | | \$1,659.13 |
| Payment Schedule | | | | | |
| Due Date | 01/31/2020 | 02/29/2020 | 03/31/2020 | | |
| Penalty | 0.00 | 16.59 | 33.18 | | |
| Total Due | \$1,659.13 | \$1,675.72 | \$1,692.31 | | |



Application for Corrected Tax Roll

RP-554
(12/19) ⁴⁷¹

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|---|---|--|--|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) 23 Overlook Ave | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village Colonie | |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 31.8-2-24 | |
| Account number (as appears on tax bill) | | | Amount of taxes currently billed \$7.04 | | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by Colonie for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Colonie who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (Insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed | Corrected tax |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Colonie
General Tax Bills - 2020
Duplicate Tax Bill

| <p><u>Tax Map No.</u> 012689 31.8-2-24</p> <p><u>Location</u> 23 Overlook Ave</p> <p><u>Dimensions</u> 0.00 by 0.00 0.07 Acres</p> | <p>School Dist 012605 North Colonie Tax & Finance School District Code Prop Class 311 Residential Vacant Addl Desc Lot 361 N-Overlook Av E-25 C-17-65</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------|------------|------------|------------|------------|-------------------|------------|------|------|----------|------|-----------|--------|--------|--------|----------|------|---------------------|------------|------|-----|----------|------|-------------------|-----------|------|-------|----------|------|-------|--|--|--|--|--|----------------------|---|------|--------|----------|------|-------|--|--|--|--|--|-------------------|-----------|------|-------|----------|------|-------|--|--|--|--|--|-------------------------------|
| <p>O w n e r</p> <p>Defazio Nicholas 10 Hayden Ave Latham, NY 12110-4523</p> <p><i>ALB. Cty Landbank</i> <i>69 State St F18</i> <i>Alb, NY 12207</i></p> | <p>Bill No. 023032 Roll Section 0 Account No. Mortgage NO. Bank Code 000 Assessed Value 600 Full Market Value 960 Uniform Percent of Value 62.50%</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Fiscal Year 01/01/2020-12/31/2020 Estimated State Aid \$91,269,848 Warrant Dated 12/31/2019 \$3,719,414 Equalization Rate 62.50%</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exemptions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Levy Description</th> <th style="width: 15%;">Tax Levy</th> <th style="width: 10%;">+/-</th> <th style="width: 15%;">Tax Value</th> <th style="width: 15%;">Tax Rate</th> <th style="width: 15%;">Tax Amount</th> </tr> </thead> <tbody> <tr> <td>Albany County Tax</td> <td>33,850,828</td> <td>2.0%</td> <td>600</td> <td>5.577554</td> <td>3.35</td> </tr> <tr> <td></td> <td>0</td> <td>0.0%</td> <td>0</td> <td>0.000000</td> <td>0.00</td> </tr> <tr> <td>Town of Colonie Tax</td> <td>24,312,014</td> <td>3.4%</td> <td>600</td> <td>3.990239</td> <td>2.39</td> </tr> <tr> <td>Latham fire prot.</td> <td>1,509,620</td> <td>2.0%</td> <td>600TO</td> <td>1.534910</td> <td>0.92</td> </tr> <tr> <td>FD004</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sewer d debt payment</td> <td>0</td> <td>0.0%</td> <td>2.00UN</td> <td>0.100000</td> <td>0.20</td> </tr> <tr> <td>SW004</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Latham water dist</td> <td>1,553,814</td> <td>0.0%</td> <td>600TO</td> <td>0.294556</td> <td>0.18</td> </tr> <tr> <td>WD001</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount | Albany County Tax | 33,850,828 | 2.0% | 600 | 5.577554 | 3.35 | | 0 | 0.0% | 0 | 0.000000 | 0.00 | Town of Colonie Tax | 24,312,014 | 3.4% | 600 | 3.990239 | 2.39 | Latham fire prot. | 1,509,620 | 2.0% | 600TO | 1.534910 | 0.92 | FD004 | | | | | | Sewer d debt payment | 0 | 0.0% | 2.00UN | 0.100000 | 0.20 | SW004 | | | | | | Latham water dist | 1,553,814 | 0.0% | 600TO | 0.294556 | 0.18 | WD001 | | | | | | <p>Tax Amount Due: \$7.04</p> |
| Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albany County Tax | 33,850,828 | 2.0% | 600 | 5.577554 | 3.35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 | 0.0% | 0 | 0.000000 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town of Colonie Tax | 24,312,014 | 3.4% | 600 | 3.990239 | 2.39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Latham fire prot. | 1,509,620 | 2.0% | 600TO | 1.534910 | 0.92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FD004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sewer d debt payment | 0 | 0.0% | 2.00UN | 0.100000 | 0.20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Latham water dist | 1,553,814 | 0.0% | 600TO | 0.294556 | 0.18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WD001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Schedule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Due Date</th> <th style="width: 15%;">01/31/2020</th> <th style="width: 15%;">02/29/2020</th> <th style="width: 15%;">03/31/2020</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Penalty</td> <td>0.00</td> <td>0.07</td> <td>0.14</td> <td></td> <td></td> </tr> <tr> <td>Total Due</td> <td>\$7.04</td> <td>\$7.11</td> <td>\$7.18</td> <td></td> <td></td> </tr> </tbody> </table> | Due Date | 01/31/2020 | 02/29/2020 | 03/31/2020 | | | Penalty | 0.00 | 0.07 | 0.14 | | | Total Due | \$7.04 | \$7.11 | \$7.18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Due Date | 01/31/2020 | 02/29/2020 | 03/31/2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Penalty | 0.00 | 0.07 | 0.14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Due | \$7.04 | \$7.11 | \$7.18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Application for Corrected Tax Roll

Part 1 – General Information: To be completed in duplicate by the applicant.

| | | | |
|--|---|--|--|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 169 Troy Schdy Rd | |
| City, village, or post office Albany | State NY | ZIP code 12207 | City, town, or village Colonie |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | Tax map number of section/block/lot: Property Identification (see tax bill or assessment roll) 32.1-2-5.14 | |
| Account number (as appears on tax bill) | | Amount of taxes currently billed \$83.62 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by Colonie for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Colonie who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (Insert number or date, if applicable)

Application approved (mark an X in the applicable box):
 Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed \$83.62 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Colonie
General Tax Bills - 2020
Duplicate Tax Bill

| | | | | | |
|---|------------|---|------------|-----------|------------|
| <u>Tax Map No.</u> 012689 32.1-2-5.14 <u>Location</u> 169 Troy Schdy Rd <u>Dimensions</u> 0.00 by 0.00 0.35 Acres | | School Dist 012605 North Colonie Tax & Finance School District Code Prop Class 330 Vacant Commercial Addl Desc | | | |
| O Di Pace Daniel K W Di Pace Lori A N 1092 Watervliet Shaker Rd E Albany, NY 12205 <i>Alb. County Land Bank 69 State St Alb, NY 12207</i> | | Bill No. 027723 Roll Section 0 Account No. Mortgage NO. Bank Code 000 Assessed Value 3,500 Full Market Value 5,600 Uniform Percent of Value 62.50% | | | |
| Fiscal Year 01/01/2020-12/31/2020 Estimated State Aid \$91,269,848 Warrant Dated 12/31/2019 \$3,719,414 Equalization Rate 62.50% | | | | | |
| Exemptions | | | | | |
| Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount |
| Albany County Tax | 33,850,828 | 2.0% | 3,500 | 5.577554 | 19.52 |
| | 0 | 0.0% | 0 | 0.000000 | 0.00 |
| Town of Colonie Tax | 24,312,014 | 3.4% | 3,500 | 3.990239 | 13.97 |
| Latham fire prot. | 1,509,620 | 2.0% | 3,500TO | 1.534910 | 5.37 |
| FD004 | | | | | |
| Sewer a land payment | 0 | 0.0% | 2.00UN | 21.865019 | 43.73 |
| SW001 | | | | | |
| Latham water dist | 1,553,814 | 0.0% | 3,500TO | 0.294556 | 1.03 |
| WD001 | | | | | |
| Tax Amount Due: | | | | | \$83.62 |
| Payment Schedule | | | | | |
| Due Date | 01/31/2020 | 02/29/2020 | 03/31/2020 | | |
| Penalty | 0.00 | 0.84 | 1.67 | | |
| Total Due | \$83.62 | \$84.46 | \$85.29 | | |



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Corrected Tax Roll

RP-554
475
(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|---|---|--|--------------------|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) 3048 SR 145 | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village Rensselaerville | State NY |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 171.-2-19 | |
| Account number (as appears on tax bill) | | | Amount of taxes currently billed \$1033.68 | | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by Rensselaerville for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Rensselaerville who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$1,033.68 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

TOWN OF RENNELAERVILLE: TOWN & COUNTY 2020 TAXES

| | | | |
|---------------------------------------|--------------------------|-------------------------------------|--------------|
| FISCAL YEAR: 01/01/2020 to 12/31/2020 | WARRANT DATE: 12/31/2019 | STATE AID - COUNTY: \$91,269,648.00 | TOWN: \$0.00 |
| MAKE CHECK PAYABLE TO: | BANK | BILL NUMBER | PAGE |
| | | 000445 | 1 OF 1 |

VICTORIA H. KRAKER
TOWN CLERK/TAX COLLECTOR
87 BARGER ROAD
MEDUSA, NY 12120

TO PAY IN PERSON:
Town Hall
Monday - Wednesday
9:00 AM - 3:30 PM
Thursday 9:00 AM - 6:30 PM
Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:
TAX MAP #: 013600 171.-2-19
DIMENSION: 0.80 acres
RS: 1 CLASS: 1 Family Res
ADDRESS: 3048 SR 145
SCHOOL: Middleburgh Central
FULL MARKET VALUE: 105439.00
UNIFORM % OF VALUE: 57.00
ASSESSMENT: 60100

PROPERTY OWNER:

Dockrell Gordon
Dockrell Marion
3048 SR 145
Preston Hollow, NY 12469

DELINQUENT TAXES ARE DUE ON THIS PARCEL

MEMORANDUM BILL

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

| LEVY DESCRIPTION | TAX LEVY | % Change From Prior YR Levy | RATE | TAXABLE VALUE | AMOUNT DUE |
|---|----------|-----------------------------|------------|---------------|------------------|
| TOWN | 392003 | 5.1000 | 2.87836700 | 60100.00 | 172.99 |
| HIGHWAY 1 | 479861 | -14.5000 | 3.52348400 | 60100.00 | 211.76 |
| HIGHWAY 2,3,4 | 315622 | 45.1000 | 2.31752300 | 60100.00 | 139.28 |
| COUNTY | 832707 | 4.1000 | 6.21113700 | 60100.00 | 373.29 |
| PRESTON HOLLOW FIRE | 63182 | 3.6000 | 1.33350800 | 60100.00 | 80.14 |
| PRESTON HOLLOW LIGHT | 4100 | 0.0000 | 0.93539800 | 60100.00 | 56.22 |
| TOTAL TAXES DUE BY JANUARY 31, 2020: | | | | | \$1033.68 |

PAYMENT PERIODS

| From: | To: | Tax Amount: | Penalty: | Notice Fee: | Total Due: | Amount Paid: | Date Paid: | |
|----------------------------------|--------------|---------------|---|-------------|------------|------------------|------------|--|
| JAN 1 | JAN 31, 2020 | 1033.68 | | | 1033.68 | | | |
| FEB 1 | FEB 29, 2020 | 1033.68 | 10.34 | | 1044.02 | | | |
| MAR 1 | MAR 31, 2020 | 1033.68 | 20.67 | | 1054.35 | | | |
| TOTAL TAXES PAID TO DATE: | | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | | | \$1033.68 | | |

**TOWN OF RENNELAERVILLE: TOWN & COUNTY 2020 TAXES
RECEIVERS STUB**

013600 171.-2-19
Dockrell Gordon
Dockrell Marion
3048 SR 145
Preston Hollow, NY 12469

BILL NO.: 000445
BANK:
MUNICIPALITY: Town of Rensselaerville
SCHOOL: Middleburgh Central
PROPERTY ADDRESS:
3048 SR 145

| | | | |
|---|--------|---|-----------|
| TOTAL TAXES PAID TO DATE: | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | \$1033.68 |
| PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT | | CHECK THIS BOX IF YOU WOULD LIKE A RECEIPT <input type="checkbox"/> | |



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Corrected Tax Roll

477
RP-554
(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|---|---|--|--|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) 26 Frieda's Hill Rd | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village Rensselaerville | |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | State NY | |
| | | | | ZIP code 12147 | |
| Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 180.-1-20 | | | Amount of taxes currently billed \$10.67 | | |
| Account number (as appears on tax bill) | | | | | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by Rensselaerville for the year(s) 2010.
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Rensselaerville who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____:
(Insert number or date, if applicable)

Application approved (mark an X in the applicable box):
 Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed \$10.67 | Corrected tax - 0 - |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

| | | | | | |
|---------------------------------------|--|--------------------------|-------------------------------------|--------------|--------|
| FISCAL YEAR: 01/01/2020 to 12/31/2020 | | WARRANT DATE: 12/31/2019 | STATE AID - COUNTY: \$91,269,848.00 | TOWN: \$0.00 | |
| MAKE CHECK PAYABLE TO: | | | BANK | BILL NUMBER | PAGE |
| | | | | 001867 | 1 OF 1 |

VICTORIA H. KRAKER
TOWN CLERK/TAX COLLECTOR
87 BARGER ROAD
MEDUSA, NY 12120

TO PAY IN PERSON:
Town Hall
Monday - Wednesday
9:00 AM - 3:30 PM
Thursday 9:00 AM - 6:30 PM
Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:
TAX MAP #: 013600 180.-1-20
DIMENSION: 1.00 acres
RS: 8 CLASS: Rural vac<10
ADDRESS: 26 Frieda's Hill Ln
SCHOOL: Greenville Central
FULL MARKET VALUE: 14035.00
UNIFORM % OF VALUE: 57.00
ASSESSMENT: 8000

PROPERTY OWNER:

ALBANY COUNTY LAND BANK CORPOR
69 STATE STREET, 8TH FL.
ALBANY, NY 12207

| Exemption | Value | Full Value | Tax Purpose |
|------------|---------|------------|-------------|
| Land Banks | 8000.00 | 14035.000 | C/T/S |

DELINQUENT TAXES ARE DUE ON THIS PARCEL

MEMORANDUM BILL

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

| LEVY DESCRIPTION | TAX LEVY | % Change From Prior YR. Levy | RATE | TAXABLE VALUE | AMOUNT DUE |
|---|----------|------------------------------|------------|---------------|----------------|
| TOWN | 392003 | 5.1000 | 2.87836700 | 0.00 | 0.00 |
| HIGHWAY 1 | 479861 | -14.5000 | 3.52348400 | 0.00 | 0.00 |
| HIGHWAY 2,3,4 | 315622 | 45.1000 | 2.31752300 | 0.00 | 0.00 |
| COUNTY | 832707 | 4.1000 | 6.21113700 | 0.00 | 0.00 |
| PRESTON HOLLOW FIRE | 63182 | 3.6000 | 1.33350800 | 8000.00 | 10.67 |
| TOTAL TAXES DUE BY JANUARY 31, 2020: | | | | | \$10.67 |

PAYMENT PERIODS

| From: | To: | Tax Amount: | Penalty: | Notice Fee: | Total Due: | Amount Paid: | Date Paid: |
|----------------------------------|--------------|---------------|---|-------------|------------|----------------|------------|
| JAN 1 | JAN 31, 2020 | 10.67 | | | 10.67 | | |
| FEB 1 | FEB 29, 2020 | 10.67 | 0.11 | | 10.78 | | |
| MAR 1 | MAR 31, 2020 | 10.67 | 0.21 | | 10.88 | | |
| TOTAL TAXES PAID TO DATE: | | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | | | \$10.67 | |

**TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES
RECEIVERS STUB**

013600 180.-1-20
ALBANY COUNTY LAND BANK CORPOR
69 STATE STREET, 8TH FL.
ALBANY, NY 12207

BILL NO.: 001867
BANK:
MUNICIPALITY: Town of Rensselaerville
SCHOOL: Greenville Central

PROPERTY ADDRESS:
26 Frieda's Hill Ln

| | | | |
|---|--------|---|---------|
| TOTAL TAXES PAID TO DATE: | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | \$10.67 |
| PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT | | CHECK THIS BOX IF YOU WOULD LIKE A RECEIPT <input type="checkbox"/> | |



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|---|---|---|--------------------|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) 433 N. 1st St | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village Rensselaerville | State NY |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 172.-2-16.10 | |
| Account number (as appears on tax bill) | | | Amount of taxes currently billed 1310.25 | | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by Rensselaerville for the year(s) _____
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Rensselaerville who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed \$1310.25 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

| | | | |
|---------------------------------------|--------------------------|-------------------------------------|--------------|
| FISCAL YEAR: 01/01/2020 to 12/31/2020 | WARRANT DATE: 12/31/2019 | STATE AID - COUNTY: \$91,269,848.00 | TOWN: \$0.00 |
| MAKE CHECK PAYABLE TO: | | BANK | BILL NUMBER |
| | | | 001866 |
| | | | PAGE |
| | | | 1 OF 1 |

VICTORIA H. KRAKER
TOWN CLERK/TAX COLLECTOR
87 BARGER ROAD
MEDUSA, NY 12120

TO PAY IN PERSON:
Town Hall
Monday - Wednesday
9:00 AM - 3:30 PM
Thursday 9:00 AM - 6:30 PM
Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:
TAX MAP #: 013600 172.-2-16.10
DIMENSION: 5.44 acres
RS: 8 CLASS: 1 Family Res
ADDRESS: 433 Niles Rd
SCHOOL: Greenville Central
FULL MARKET VALUE: 137895.00
UNIFORM % OF VALUE: 57.00
ASSESSMENT: 78600

PROPERTY OWNER:

ALBANY COUNTY LAND BANK CORPOR
69 STATE STREET, 8TH FL.
ALBANY, NY 12207

| Exemption | Value | Full Value | Tax Purpose |
|------------|----------|------------|-------------|
| Land Banks | 78600.00 | 137895.000 | C/T/S |

DELINQUENT TAXES ARE DUE ON THIS PARCEL

MEMORANDUM BILL

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

| LEVY DESCRIPTION | TAX LEVY | % Change From Prior YR Levy | RATE | TAXABLE VALUE | AMOUNT DUE |
|---|----------|-----------------------------|------------|---------------|-----------------|
| TOWN | 392003 | 5.1000 | 2.87836700 | 0.00 | 0.00 |
| HIGHWAY 1 | 479861 | -14.5000 | 3.52348400 | 0.00 | 0.00 |
| HIGHWAY 2,3,4 | 315622 | 45.1000 | 2.31752300 | 0.00 | 0.00 |
| COUNTY | 832707 | 4.1000 | 6.21113700 | 0.00 | 0.00 |
| MEDUSA FIRE DISTRICT | 63373 | 0.6000 | 1.73340800 | 78600.00 | 136.25 |
| TOTAL TAXES DUE BY JANUARY 31, 2020: | | | | | \$136.25 |

PAYMENT PERIODS

| From: | To: | Tax Amount: | Penalty: | Notice Fee: | Total Due: | Amount Paid: | Date Paid: |
|----------------------------------|--------------|---------------|---|-------------|------------|-----------------|------------|
| JAN 1 | JAN 31, 2020 | 136.25 | | | 136.25 | | |
| FEB 1 | FEB 29, 2020 | 136.25 | 1.36 | | 137.61 | | |
| MAR 1 | MAR 31, 2020 | 136.25 | 2.73 | | 138.98 | | |
| TOTAL TAXES PAID TO DATE: | | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | | | \$136.25 | |

**TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES
RECEIVERS STUB**

013600 172.-2-16.10
ALBANY COUNTY LAND BANK CORPOR
69 STATE STREET, 8TH FL.
ALBANY, NY 12207

BILL NO.: 001866
BANK:
MUNICIPALITY: Town of Rensselaerville
SCHOOL: Greenville Central
PROPERTY ADDRESS:
433 Niles Rd

| | | | |
|---|--------|---|----------|
| TOTAL TAXES PAID TO DATE: | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | \$136.25 |
| PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT | | CHECK THIS BOX IF YOU WOULD LIKE A RECEIPT <input type="checkbox"/> | |



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|--|--|--|--|
| Names of owners Albany County Land Bank Corporation | | | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | | Location of property (street address) Main St R | | |
| City, village, or post office Albany | | State NY | ZIP code 12207 | City, town, or village Rensselaerville | |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | State NY | |
| | | | | ZIP code 12147 | |
| Daytime contact number 518-407-0309 | | Evening contact number 518-407-0309 | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 137.9-3-29 | |
| Account number (as appears on tax bill) | | | Amount of taxes currently billed \$.21 | | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | | | |

I hereby request a correction of tax levied by Rensselaerville for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|-----------------|
| Signature of applicant | Date 1/27/20 |
|----------------------------|-----------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|--|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Rensselaerville, who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed .21 | Corrected tax 0 |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

| | | | | | | | |
|---------------------------------------|--|--------------------------|--|-------------------------------------|-------------|--------------|--|
| FISCAL YEAR: 01/01/2020 to 12/31/2020 | | WARRANT DATE: 12/31/2019 | | STATE AID - COUNTY: \$91,269,848.00 | | TOWN: \$0.00 | |
| MAKE CHECK PAYABLE TO: | | | | BANK | BILL NUMBER | PAGE | |
| | | | | | 001864 | 1 OF 1 | |

VICTORIA H. KRAKER
TOWN CLERK/TAX COLLECTOR
87 BARGER ROAD
MEDUSA, NY 12120

TO PAY IN PERSON:
Town Hall
Monday - Wednesday
9:00 AM - 3:30 PM
Thursday 9:00 AM - 6:30 PM
Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:
TAX MAP #:013600 137.9-3-29
DIMENSION: 0.04 acres
RS: 8 CLASS: Res vac land
ADDRESS: Main St R
SCHOOL: Greenville Central
FULL MARKET VALUE: 351.00
UNIFORM % OF VALUE: 57.00
ASSESSMENT: 200

PROPERTY OWNER:

ALBANY COUNTY LAND BANK CORPOR
69 State St Fl 8th
ALBANY, NY 12207

| Exemption | Value | Full Value | Tax Purpose |
|------------|--------|------------|-------------|
| Land Banks | 200.00 | 351.000 | C/T/S |

DELINQUENT TAXES ARE DUE ON THIS PARCEL

MEMORANDUM BILL

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

| LEVY DESCRIPTION | TAX LEVY | % Change From Prior YR Levy | RATE | TAXABLE VALUE | AMOUNT DUE |
|---|----------|-----------------------------|------------|---------------|---------------|
| TOWN | 392003 | 5.1000 | 2.87836700 | 0.00 | 0.00 |
| HIGHWAY 1 | 479861 | -14.5000 | 3.52348400 | 0.00 | 0.00 |
| HIGHWAY 2,3,4 | 315622 | 45.1000 | 2.31752300 | 0.00 | 0.00 |
| COUNTY | 832707 | 4.1000 | 6.21113700 | 0.00 | 0.00 |
| RENSSELAERVILLE FIRE | 62202 | 1.1000 | 1.06928000 | 200.00 | 0.21 |
| TOTAL TAXES DUE BY JANUARY 31, 2020: | | | | | \$0.21 |

PAYMENT PERIODS

| From: | To: | Tax Amount: | Penalty: | Notice Fee: | Total Due: | Amount Paid: | Date Paid: |
|----------------------------------|--------------|---------------|---|-------------|---------------|--------------|------------|
| JAN 1 | JAN 31, 2020 | 0.21 | | | 0.21 | | |
| FEB 1 | FEB 29, 2020 | 0.21 | | | 0.21 | | |
| MAR 1 | MAR 31, 2020 | 0.21 | | | 0.21 | | |
| TOTAL TAXES PAID TO DATE: | | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | | \$0.21 | | |

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES RECEIVERS STUB

013600 137.9-3-29
ALBANY COUNTY LAND BANK CORPOR
69 State St Fl 8th
ALBANY, NY 12207

BILL NO.: 001864
BANK:
MUNICIPALITY: Town of Rensselaerville
SCHOOL: Greenville Central
PROPERTY ADDRESS:
Main St R

| | | | |
|---|---------------|---|---------------|
| TOTAL TAXES PAID TO DATE: | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | \$0.21 |
| PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT | | CHECK THIS BOX IF YOU WOULD LIKE A RECEIPT <input type="checkbox"/> | |



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Corrected Tax Roll

483
RP-554
(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | |
|--|---|--|--|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) Packer St | |
| City, village, or post office Albany | State NY | ZIP code 12207 | City, town, or village Rensselaerville |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 180.-2-34 | |
| Account number (as appears on tax bill) | | Amount of taxes currently billed \$.27 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the dare of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by Rensselaerville for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/24/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Rensselaerville who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ :
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed .27 | Corrected tax - 0 - |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

| | | | |
|---------------------------------------|--------------------------|-------------------------------------|--------------|
| FISCAL YEAR: 01/01/2020 to 12/31/2020 | WARRANT DATE: 12/31/2019 | STATE AID - COUNTY: \$91,269,848.00 | TOWN: \$0.00 |
| MAKE CHECK PAYABLE TO: | | BANK | BILL NUMBER |
| | | | 001868 |
| | | | PAGE |
| | | | 1 OF 1 |

VICTORIA H. KRAKER
TOWN CLERK/TAX COLLECTOR
87 BARGER ROAD
MEDUSA, NY 12120

TO PAY IN PERSON:
Town Hall
Monday - Wednesday
9:00 AM - 3:30 PM
Thursday 9:00 AM - 6:30 PM
Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:
TAX MAP #: 013600 180.-2-34
DIMENSION: 0.10 acres
RS: 8 CLASS: Res vac land
ADDRESS: Pucker St
SCHOOL: Middleburgh Central
FULL MARKET VALUE: 351.00
UNIFORM % OF VALUE: 57.00
ASSESSMENT: 200

PROPERTY OWNER:

ALBANY COUNTY LAND BANK CORPOR
69 State St, 8th Floor
ALBANY, NY 12207

| Exemption | Value | Full Value | Tax Purpose |
|------------|--------|------------|-------------|
| Land Banks | 200.00 | 351.000 | C/T/S |

DELINQUENT TAXES ARE DUE ON THIS PARCEL

MEMORANDUM BILL

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

| LEVY DESCRIPTION | TAX LEVY | % Change From Prior YR Levy | RATE | TAXABLE VALUE | AMOUNT DUE |
|---|----------|-----------------------------|------------|---------------|---------------|
| TOWN | 392003 | 5.1000 | 2.87836700 | 0.00 | 0.00 |
| HIGHWAY 1 | 479861 | -14.5000 | 3.52348400 | 0.00 | 0.00 |
| HIGHWAY 2,3,4 | 315622 | 45.1000 | 2.31752300 | 0.00 | 0.00 |
| COUNTY | 832707 | 4.1000 | 6.21113700 | 0.00 | 0.00 |
| PRESTON HOLLOW FIRE | 63182 | 3.6000 | 1.33350800 | 200.00 | 0.27 |
| TOTAL TAXES DUE BY JANUARY 31, 2020: | | | | | \$0.27 |

PAYMENT PERIODS

| From: | To: | Tax Amount: | Penalty: | Notice Fee: | Total Due: | Amount Paid: | Date Paid: |
|----------------------------------|--------------|---------------|---|-------------|------------|---------------|------------|
| JAN 1 | JAN 31, 2020 | 0.27 | | | 0.27 | | |
| FEB 1 | FEB 29, 2020 | 0.27 | | | 0.27 | | |
| MAR 1 | MAR 31, 2020 | 0.27 | 0.01 | | 0.28 | | |
| TOTAL TAXES PAID TO DATE: | | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | | | \$0.27 | |

**TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES
RECEIVERS STUB**

013600 180.-2-34
ALBANY COUNTY LAND BANK CORPOR
69 State St, 8th Floor
ALBANY, NY 12207

BILL NO.: 001868
BANK:
MUNICIPALITY: Town of Rensselaerville
SCHOOL: Middleburgh Central
PROPERTY ADDRESS:
Pucker St

| | | | |
|---|--------|---|--------|
| TOTAL TAXES PAID TO DATE: | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | \$0.27 |
| PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT | | CHECK THIS BOX IF YOU WOULD LIKE A RECEIPT <input type="checkbox"/> | |



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | |
|--|---|---|--|
| Names of owners Albany County Land Bank Corporation | | | |
| Mailing address of owners (number and street or PO box) 69 State Street 8th Floor | | Location of property (street address) 630 Main St STE 149 | |
| City, village, or post office Albany | State NY | ZIP code 12207 | City, town, or village Rensselaerville |
| Daytime contact number 518-407-0309 | Evening contact number 518-407-0309 | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 171.-3-3 | |
| Account number (as appears on tax bill) | | Amount of taxes currently billed 93.02 | |
| Reasons for requesting a correction to tax roll: As of 12/28/2018, properties acquired by the Land Bank are exempt upon the date of transfer of title, notwithstanding the applicable taxable status date | | | |

I hereby request a correction of tax levied by Rensselaerville for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|------------------------|
| Signature of applicant | Date 1/27/20 |
|----------------------------|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/28/20 | Period of warrant for collection of taxes 1/1/20 |
| Last day for collection of taxes without interest 1/31/20 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/30/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Rensselaerville who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (Insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed \$93.02 | Corrected tax -\$10- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

| | | | |
|---------------------------------------|--------------------------|-------------------------------------|--------------|
| FISCAL YEAR: 01/01/2020 to 12/31/2020 | WARRANT DATE: 12/31/2019 | STATE AID - COUNTY: \$91,269,848.00 | TOWN: \$0.00 |
| MAKE CHECK PAYABLE TO: | | BANK | BILL NUMBER |
| | | | 001865 |
| | | | PAGE |
| | | | 1 OF 1 |

VICTORIA H. KRAKER
TOWN CLERK/TAX COLLECTOR
87 BARGER ROAD
MEDUSA, NY 12120

TO PAY IN PERSON:
Town Hall
Monday - Wednesday
9:00 AM - 3:30 PM
Thursday 9:00 AM - 6:30 PM
Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:
TAX MAP #: 013600 171.-3-3
DIMENSION: 1.10 acres
RS: 8 CLASS: 1 Family Res
ADDRESS: 936 Main St SR 145
SCHOOL: Middleburgh Central
FULL MARKET VALUE: 71930.00
UNIFORM % OF VALUE: 57.00
ASSESSMENT: 41000

PROPERTY OWNER:

ALBANY COUNTY LAND BANK CORPOR
69 STATE STREET, 8TH FL.
ALBANY, NY 12207

| Exemption | Value | Full Value | Tax Purpose |
|------------|----------|------------|-------------|
| Land Banks | 41000.00 | 71930.00 | C/T/S |

DELINQUENT TAXES ARE DUE ON THIS PARCEL

MEMORANDUM BILL

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

| LEVY DESCRIPTION | TAX LEVY | % Change From Prior YR Levy | RATE | TAXABLE VALUE | AMOUNT DUE |
|---|----------|-----------------------------|------------|---------------|----------------|
| TOWN | 392003 | 5.1000 | 2.87836700 | 0.00 | 0.00 |
| HIGHWAY 1 | 479861 | -14.5000 | 3.52348400 | 0.00 | 0.00 |
| HIGHWAY 2,3,4 | 315622 | 45.1000 | 2.31752300 | 0.00 | 0.00 |
| COUNTY | 832707 | 4.1000 | 6.21113700 | 0.00 | 0.00 |
| PRESTON HOLLOW FIRE | 63182 | 3.6000 | 1.33350800 | 41000.00 | 54.67 |
| PRESTON HOLLOW LIGHT | 4100 | 0.0000 | 0.93539800 | 41000.00 | 38.35 |
| TOTAL TAXES DUE BY JANUARY 31, 2020: | | | | | \$93.02 |

PAYMENT PERIODS

| From: | To: | Tax Amount: | Penalty: | Notice Fee: | Total Due: | Amount Paid: | Date Paid: |
|----------------------------------|--------------|---------------|---|-------------|----------------|--------------|------------|
| JAN 1 | JAN 31, 2020 | 93.02 | | | 93.02 | | |
| FEB 1 | FEB 29, 2020 | 93.02 | 0.93 | | 93.95 | | |
| MAR 1 | MAR 31, 2020 | 93.02 | 1.86 | | 94.88 | | |
| TOTAL TAXES PAID TO DATE: | | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | | \$93.02 | | |

**TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES
RECEIVERS STUB**

013600 171.-3-3
ALBANY COUNTY LAND BANK CORPOR
69 STATE STREET, 8TH FL.
ALBANY, NY 12207

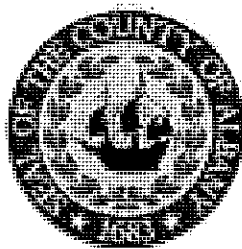
BILL NO.: 001865
BANK:
MUNICIPALITY: Town of Rensselaerville
SCHOOL: Middleburgh Central
PROPERTY ADDRESS:
936 Main St SR 145

| | | | |
|---|--------|---|---------|
| TOTAL TAXES PAID TO DATE: | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | \$93.02 |
| PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT | | CHECK THIS BOX IF YOU WOULD LIKE A RECEIPT <input type="checkbox"/> | |

| Municipality | Location of Property | Tax Map Number | Recorded Transfer Date | Amount of Taxes Currently Billed | Corrected Tax |
|-----------------|---------------------------|----------------|------------------------|----------------------------------|---------------|
| New Scotland | 1101 Delaware Tpke | 95.-3-52 | <u>11/8/2018</u> | \$4,581.30 | \$0.00 |
| New Scotland | 198 Normanskill Road | 62.-4-11.1 | 12/24/2019 | \$339.66 | \$0.00 |
| New Scotland | 3 Rock Hill Road | 94.-1-7 | 9/25/2019 | \$286.68 | \$0.00 |
| Bethlehem | Western Avenue | 85.09-3-10 | 12/24/2019 | \$743.10 | \$0.00 |
| Bethlehem | Hunter Road | 85.11-3-18 | 12/24/2019 | \$568.27 | \$0.00 |
| Bethlehem | 40 Elm Ave E | 109.00-2-17 | 12/24/2019 | \$1,529.97 | \$0.00 |
| Watervliet | 1212 4th Avenue | 32.82-2-36 | 12/24/2019 | \$587.20 | \$0.00 |
| Watervliet | 211 15th Street | 32.67-2-42 | 12/24/2019 | \$217.20 | \$0.00 |
| Watervliet | 202 15th Street | 32.75-1-25 | 12/24/2019 | \$225.88 | \$0.00 |
| Colonie | 1208 Chestnut Street | 32.19-1-22 | 12/24/2019 | \$145.30 | \$0.00 |
| Colonie | 48 Vly Road | 29.11-5-13.1 | 12/24/2019 | \$4,311.37 | \$0.00 |
| Colonie | 22 Sherwood Drive | 30.2-2-48 | 12/24/2019 | \$1,659.13 | \$0.00 |
| Colonie | 23 Overlook Avenue | 31.8-2-24 | 12/24/2019 | \$7.04 | \$0.00 |
| Colonie | 169 Troy Schenectady Road | 32.1-2-5.14 | 12/24/2019 | \$83.62 | \$0.00 |
| Rensselaerville | 3048 SR 145 | 171.-2-19 | 12/24/2019 | \$1,033.68 | \$0.00 |
| Rensselaerville | Main Street R | 137.9-3-29 | <u>9/12/2016</u> | \$0.21 | \$0.00 |
| Rensselaerville | 26 Frieda's Hill Lane | 180.-1-20 | <u>2/27/2018</u> | \$10.67 | \$0.00 |
| Rensselaerville | 433 Niles Road | 172.-2-16.10 | 1/31/2019 | \$136.25 | \$0.00 |
| Rensselaerville | Pucker Street | 180.-2-34 | <u>2/1/2017</u> | \$0.27 | \$0.00 |
| Rensselaerville | 936 Main Street SR 145 | 171.-3-3 | <u>8/30/2018</u> | \$93.02 | \$0.00 |

12/24/19 transfers *exempt pursuant to legislation enacted 12/28/2018
bold/underline **exempt pursuant to legislation enacted 12/28/2018
*** exempt as of 03/01/2019

106



Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 24, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Application for Corrected Tax Roll – City of Albany
274 Washington Avenue, Albany, NY – 65.79-1-17
Rear of 419 State Street, Albany, NY – 65.79-1-36.1
Rear of 415 State Street, Albany, NY – 65.79-1-35.1

Dear Chairman Joyce,

Trey Kingston, Assessor for the City of Albany, submitted an Application for Corrected Tax Roll, on behalf of Israel Community Service Program. Israel Community Service Program submitted a renewal application for a nonprofit exemption on February 27, 2018. The assessor's office accepted the application; however, due to clerical error the office omitted the exemption from the property dataset. I provided a stamped copy of the exemption application for review. I also requested a statement from the service program to clarify that the board was active as of March 1, 2018.

I recommend correcting the 2019 City of Albany tax roll to reflect the exemption for nonprofit organizations. One property, 274 Washington Ave, has an unpaid water charge. The water charge does not get exempt with this correction. The corrected property tax amounts are:

| | |
|----------------------------|-------------|
| 274 Washington Avenue - | \$ 1,216.87 |
| Rear of 419 State Street - | \$0 |
| Rear of 415 State Street - | \$0 |

Sincerely,

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1496, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Correct Tax Roll (2019) - City of Albany

Date: January 29, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.
Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to correct the 2019 City of Albany Tax Roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.
Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.
Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

If yes, explain: Yes No
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Trey Kingston, Assessor for the City of Albany, submitted an Application for Corrected Tax Roll, on behalf of Israel Community Service Program. Israel Community Service Program submitted a renewal application for a nonprofit exemption on February 27, 2018. The assessor's office accepted the application; however, due to clerical error the office omitted the exemption from the property dataset. I provided a stamped copy of the exemption application for review. I also requested a statement from the service program to clarify that the board was active as of March 1, 2018.

I recommend correcting the 2019 City of Albany tax roll to reflect the exemption for nonprofit organizations. One property, 274 Washington Ave, has an unpaid water charge. The water charge does not get exempt with this correction. The corrected property tax amounts are:

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|----------------------------|-------------|
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| Rear of 419 State Street - | \$0 |
| Rear of 415 State Street - | \$0 |



CITY OF ALBANY
DEPARTMENT OF ASSESSMENT
24 EAGLE STREET-ROOM 302
ALBANY, NEW YORK 12207
TELEPHONE (518) 434-5155

KATHY SHEEHAN
MAYOR

TREY KINGSTON
CITY ASSESSOR

December 16, 2016

Re: RP 554- Israel Community Service Program

The attached RP-554's are relevant to properties owned by Israel Community Service Program. Upon not receiving the applications to renew their not-for profit exemptions in 2018, I reached out to the organization via phone calls and mailings but was unable to contact anyone associated with the organization.

I reached out to Richard Conti who is the City of Albany's common council member where the properties are located and he stated that at the time the board was dissolved by New York State.

Last month, I was contacted by a representative of an Albany Law School clinic who has been representing the organization during the turnover described above who was inquiring about the tax bills that they received. I explained the situation and it was understood that the paperwork failed to be filed.

Later, the representative was able to provide me with a copy of the applications which were received by this office in a timely manner for the 2018 Assessment Roll. Therefore a clerical error resulted in the paperwork not being applied to the assessment roll.

We have seen this issue several times since I was appointed Assessor in 2017 and I just wanted to include that mistakes of this sorts time and time again are unacceptable and changes have been made within the Department of Assessment to ensure that going forward, all applications that are filed are evaluated and recorded.

Trey Kingston
Assessor



Department of Taxation and Finance
Office of Real Property Tax Services

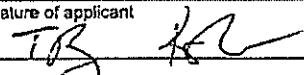
Application for Corrected Tax Roll

RP-554
(7/19)


Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|---|--|------------------------|--|---|--|
| Names of owners Israel Community Service Program | | | | | |
| Mailing address of owners (number and street or PO box) 274 Washington Avenue | | | Location of property (street address) 274 Washington Avenue | | |
| City, village, or post office Albany | | State NY | ZIP code 12203 | City, town, or village Albany | |
| Daytime contact number 518-669-8948 | | Evening contact number | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.79-1-17 | |
| Account number (as appears on tax bill) 06682 | | | Amount of taxes currently billed 108,970.37 110,187.24 (110) | | |
| Reasons for requesting a correction to tax roll: Clerical error | | | | | |

I hereby request a correction of tax levied by City of Albany for the year(s) 2019
(County, city, village, etc.)

| | |
|---|-------------------------|
| Signature of applicant  | Date 12/12/19 |
|---|-------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|--|--|
| Date application received 12/16/2019 | Period of warrant for collection of taxes 1/1/2019 |
| Last day for collection of taxes without interest 1/31/19 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official  | Date 1/6/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Albany who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____:
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed 110,187.24 | Corrected tax \$1,216.87 |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

| | |
|--|------|
| Application denied (reason): _____ _____ | |
| Signature of chief executive officer, or official designated by resolution | Date |



CITY OF ALBANY - 2019 PROPERTY TAXES

| | | |
|-------------------------------------|---------------------|---|
| FISCAL YEAR: 1/1/2019 to 12/31/2019 | WARRANT: 12/31/2018 | ESTIMATED COUNTY STATE AID: \$90,121,595 |
| | BANK | BILL 214333 |
| | | TAX MAP NUMBER 65.79-1-17 |

MAKE CHECKS PAYABLE TO:
CITY OF ALBANY

TO PAY IN PERSON:
City Hall Room 110
24 Eagle Street
Albany, NY 12207
(518) 434-5035

PROPERTY INFORMATION:

ACCOUNT #: 06682
 DIMENSION: 140 X 141
 ROLL: 1
 LOCATION: 274 Washington Ave
 SCHOOL: 010100
 FULL MARKET VALUE: 5,334,700
 UNIFORM % OF VALUE: 100.00%
 TOTAL ASSESSMENT: 5,334,700
 TAXABLE VALUE: 5,334,700

PROPERTY OWNER:
Israel Community Svc Program
274 Washington Ave
Albany, NY 12203

| EXEMPTION | VALUE | FULL VALUE | TAX PURPOSE |
|-----------|-------|------------|-------------|
|-----------|-------|------------|-------------|

PROPERTY TAX PAYERS BILL OF RIGHT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

| LEVY DESCRIPTION | TOTAL TAX LEVY | % CHANGE FROM PRIOR YEAR LEVY | TAXABLE VALUE OR UNITS | RATE | TAX AMOUNT |
|--------------------|----------------|-------------------------------|------------------------|-----------|------------|
| County Tax | 17,417,764 | -1.6% | 5,334,700 | 3.574759 | 18,979.27 |
| City Tax | 58,550,000 | 0.0% | 5,334,700 | 14.043300 | 74,916.79 |
| Central ave bid | 3 | 100.0% | 5,334,700 | 2.808650 | 14,983.31 |
| * Delinquent Water | | | 0 | | 1,216.87 |

TOTAL BASE TAXES DUE: ~~\$110,187.24~~

1,216.87

Date Paid Amount Paid
\$0.00

| | Tax Amount | Interest | Total Due |
|-------------------|--------------|-------------|--------------|
| Pay By 12/31/2019 | \$110,187.24 | \$15,426.21 | \$125,613.45 |

TOTAL DUE: \$125,613.45



RP-420-a/b-Rnw-I (9/08)

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RECEIVED

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

I - ORGANIZATION PURPOSE

FEB 27 2018

(See general information and instructions on back form)

Department of
Assessment & Taxation
City of Albany N.Y.

- 1a. Name of organization
Israel Community Service Program Inc.
- d. Name of contact person
Susan Weinrich
- b. Mailing address
274 Washington Ave.
Albany, NY 12203
- e. Telephone no. of contact person
Day (518) 669-898 Evening () _____
- c. Employer ID no. 141711098
- f. E-mail address (optional)
sweinrich@nycon.org

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- a. A change has occurred in the purpose(s) of the organization.
- b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

STATEMENT OF CHANGE -- I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

STATEMENT OF NO CHANGE -- I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich

Signature

Board Member

Title

2/27/18

Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):
- Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- Schedule A, Form 990 (Organizations Exempt under Section 501(c) (3))
- Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- Form 990-AR (Annual Report of Private Foundation)
- Form 990-T (Exempt Organization Business Income Tax Return)
- None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____

County _____

City/Town _____

Village _____

School District _____

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications for county, town and school tax purposes should be filed with the Nassau County Board of Assessors. In Tompkins County, application should be filed with the Tompkins County Division of Assessment. **Do not file with the Office of Real Property Tax Services.**

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE ONLY

Parcel identification no. (s)

Applicant organization Employer ID no. Date application filed

Application Approved Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit Assessor's signature Date



RP-420-a/b-Rnw-II (9/08)

NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
II - PROPERTY USE

(See general information and instructions on back form)

1a. Name of organization
Israel Community Service Program Inc.

b. Mailing address
274 Washington Ave.
Albany, NY 12203

c. Employer ID no. 141711098

d. Name of contact person
Susan Weinrich

e. Telephone no. of contact person
Day 518 869-8948 Evening ()

f. E-mail address (optional)
sweinrich@nycon.org

g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot
65.79-1-17

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- a. A change has occurred in the ownership of all or part of the property.
- b. A change has occurred in the use or uses of the property by the owner.
- c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- d. All or part of the property is occupied by an organization other than the owner; the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

STATEMENT OF CHANGE

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

STATEMENT OF NO CHANGE

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich

Signature

2/27/18

Date

Board Member

Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

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For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Orig replaces RP-420-b-Orig). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

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3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s)

Applicant organization

Employer ID no.

Date application filed

Application Approved Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit

Assessor's signature

Date



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Corrected Tax Roll

RP-554
(7/19)

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | |
|--|------------------------|--|----------------------------------|
| Names of owners Israel Community Service Program | | | |
| Mailing address of owners (number and street or PO box) 274 Washington Avenue | | Location of property (street address) Rear of 419 State Street | |
| City, village, or post office Albany | State NY | ZIP code 12203 | City, town, or village Albany |
| Daytime contact number 518-669-8948 | Evening contact number | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.79-1-36.1 | |
| Account number (as appears on tax bill) 33326 | | Amount of taxes currently billed 448.87 | |
| Reasons for requesting a correction to tax roll: Clerical error | | | |

I hereby request a correction of tax levied by City of Albany for the year(s) 2019.
(County, city, village, etc.)

| | |
|--|------------------|
| Signature of applicant <i>TBJ KSL</i> | Date 12/12/19 |
|--|------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|--|--|
| Date application received 12/16/19 | Period of warrant for collection of taxes 1/1/2019 |
| Last day for collection of taxes without interest 1 | Recommendation Approve application <input type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official <i>Maddipati</i> | Date 1/6/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Albany who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____:
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed \$448.87 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason):

Signature of chief executive officer, or official designated by resolution

Date



CITY OF ALBANY - 2019 PROPERTY TAXES

| | | | | | |
|-------------------------------------|--|---------------------|----------------|---|--|
| FISCAL YEAR: 1/1/2019 to 12/31/2019 | | WARRANT: 12/31/2018 | | ESTIMATED COUNTY STATE AID: \$90,121,595 | |
| | | BANK | BILL 208520 | TAX MAP NUMBER 65.79-1-36.1 | |

MAKE CHECKS PAYABLE TO:
CITY OF ALBANY

TO PAY IN PERSON:
City Hall Room 110
24 Eagle Street
Albany, NY 12207
(518) 434-5035

PROPERTY INFORMATION:

ACCOUNT #: 33326
 DIMENSION: 50 X 83
 ROLL: 1
 LOCATION: Rear 419 State St
 SCHOOL: 010100
 FULL MARKET VALUE: 31,100
 UNIFORM % OF VALUE: 100.00%
 TOTAL ASSESSMENT: 31,100
 TAXABLE VALUE: 31,100

PROPERTY OWNER:
Israel Community Svc Program
274-280 Washington Ave
Albany, NY 12203

| EXEMPTION | VALUE | FULL VALUE | TAX PURPOSE |
|-----------|-------|------------|-------------|
|-----------|-------|------------|-------------|

PROPERTY TAX PAYERS BILL OF RIGHT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

| LEVY DESCRIPTION | TOTAL TAX LEVY | % CHANGE FROM PRIOR YEAR LEVY | TAXABLE VALUE OR UNITS | RATE | TAX AMOUNT |
|------------------------------|----------------|-------------------------------|------------------------|-----------|--------------------|
| County Tax | 17,417,764 | -1.6% | 31,100 | 3.574759 | 111.18 |
| City Tax | 58,550,000 | 0.0% | 31,100 | 10.858100 | 337.69 |
| TOTAL BASE TAXES DUE: | | | | | \$448.87 |
| Date Paid | | | | | Amount Paid |
| | | | | | \$0.00 |

| | Tax Amount | Interest | Total Due |
|-------------------|------------|----------|-----------|
| Pay By 12/31/2019 | \$448.87 | \$62.84 | \$511.71 |

TOTAL DUE: \$511.71



RP-420-a/b-Rnw-I (9/08)

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RECEIVED

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS

FEB 27 2018

1 - ORGANIZATION PURPOSE

(See general information and instructions on back form)

Department Of
Assessment & Taxation
City Of Albany N.Y.

- a. Name of organization
Israel Community Service Program Inc.
- b. Mailing address
274 Washington Avenue
Albany, NY 12203
- c. Employer ID no. 141711098
- d. Name of contact person
Susan Weinrich
- e. Telephone no. of contact person
Day (518) 869-8948 Evening () _____
- f. E-mail address (optional)
sweinrich@nycon.org

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- a. A change has occurred in the purpose(s) of the organization.
- b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

STATEMENT OF CHANGE -- I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

STATEMENT OF NO CHANGE -- I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich Board Member 2/27/18
Signature Title Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):

- Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- Schedule A, Form 990 (Organizations Exempt under Section 501(c) (3))
- Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- Form 990-AR (Annual Report of Private Foundation)
- Form 990-T (Exempt Organization Business Income Tax Return)
- None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____ County _____
 City/Town _____ Village _____
 School District _____

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications for county, town and school tax purposes should be filed with the Nassau County Board of Assessors. In Tompkins County, application should be filed with the Tompkins County Division of Assessment. Do not file with the Office of Real Property Tax Services.

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE ONLY

Parcel identification no. (s)

Applicant organization Employer ID no. Date application filed

Application Approved Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit Assessor's signature Date



RP-420-a/b-Rnw-II (9/08)

NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICESRENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
II -- PROPERTY USE

(See general information and instructions on back form)

- 1a. Name of organization
Israel Community Service Program Inc.
- b. Mailing address
274 Washington Ave.
Albany, NY 12203
- c. Employer ID no. 141711098
- d. Name of contact person
Susan Weinrich
- e. Telephone no. of contact person
Day 518 369-8943 Evening ()
- f. E-mail address (optional)
sweinrich@nycon.org
- g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot
65.79-1-36.1

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of such change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- a. A change has occurred in the ownership of all or part of the property.
- b. A change has occurred in the use or uses of the property by the owner.
- c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

 STATEMENT OF CHANGE

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

 STATEMENT OF NO CHANGE

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weinrich

Signature

2/27/18

Date

Board Member

Title

FOR ASSESSOR'S USE

Assessing unit _____
City/Town _____
School District _____

County _____
Village _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications must be filed with the Nassau County Board of Assessors. In Tompkins County, applications must be filed with the Tompkins County Division of Assessment. Do not file with the Office of Real Property Tax Services.

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s)

Applicant organization Employer ID no. Date application filed

Application Approved Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit Assessor's signature Date



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Corrected Tax Roll

RP-554
(7/19)

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | |
|---|------------------------|---|---|
| Names of owners Israel Community Service Program | | | |
| Mailing address of owners (number and street or PO box) 274 Washington Avenue | | Location of property (street address) 274 Washington Avenue Rear 415 State Street | |
| City, village, or post office Albany | State NY | ZIP code 12203 | Tax map number of section/block/lot: Property Identification (see tax bill or assessment roll) 65.79-1-35.1 |
| Daytime contact number 518-669-8948 | Evening contact number | Amount of taxes currently billed 662.47 | |
| Account number (as appears on tax bill) 33325 | | Reasons for requesting a correction to tax roll: Clerical error | |

I hereby request a correction of tax levied by City of Albany for the year(s) 2019
(County, city, village, etc.)

| | |
|--------------------------------------|-------------------------|
| Signature of applicant <i>TRB</i> | Date 12/12/19 |
|--------------------------------------|-------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|--|
| Date application received 12/16/2019 | Period of warrant for collection of taxes 1/1/2019 |
| Last day for collection of taxes without interest 1/31/19 | Recommendation Approve application <input type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official <i>M. A. Alip</i> | Date 1/6/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Albany who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____:

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$ 662.47 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

| | |
|--|------|
| Application denied (reason): _____ _____ | |
| Signature of chief executive officer, or official designated by resolution | Date |



CITY OF ALBANY - 2019 PROPERTY TAXES

| | | | |
|-------------------------------------|---------------------|---|--------------------------------|
| FISCAL YEAR: 1/1/2019 to 12/31/2019 | WARRANT: 12/31/2018 | ESTIMATED COUNTY STATE AID: \$90,121,595 | |
| | BANK | BILL 208519 | TAX MAP NUMBER 65.79-1-35.1 |

MAKE CHECKS PAYABLE TO:
CITY OF ALBANY

TO PAY IN PERSON:
City Hall Room 110
24 Eagle Street
Albany, NY 12207
(518) 434-5035

PROPERTY INFORMATION:

ACCOUNT #: 33325
 DIMENSION: 53 X 129
 ROLL: 1
 LOCATION: Rear 415 State St
 SCHOOL: 010100
 FULL MARKET VALUE: 45,900
 UNIFORM % OF VALUE: 100.00%
 TOTAL ASSESSMENT: 45,900
 TAXABLE VALUE: 45,900

PROPERTY OWNER:
Israel Community Svc Program
274-280 Washington Ave
Albany, NY 12203

| EXEMPTION | VALUE | FULL VALUE | TAX PURPOSE |
|-----------|-------|------------|-------------|
|-----------|-------|------------|-------------|

PROPERTY TAX PAYERS BILL OF RIGHT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

| LEVY DESCRIPTION | TOTAL TAX LEVY | % CHANGE FROM PRIOR YEAR LEVY | TAXABLE VALUE OR UNITS | RATE | TAX AMOUNT |
|------------------------------|----------------|-------------------------------|------------------------|-----------|-----------------|
| County Tax | 17,417,764 | -1.6% | 45,900 | 3.574759 | 164.08 |
| City Tax | 58,550,000 | 0.0% | 45,900 | 10.858100 | 496.39 |
| TOTAL BASE TAXES DUE: | | | | | \$662.47 |

| Date Paid | Amount Paid |
|-----------|-------------|
| | \$0.00 |

| | Tax Amount | Interest | Total Due |
|-------------------|------------|----------|-----------|
| Pay By 12/31/2019 | \$662.47 | \$92.75 | \$755.22 |

TOTAL DUE: \$755.22



RP-420-a/b-Rnw-1 (9/08)

NEW YORK STATE DEPARTMENT OF TAXATION
OFFICE OF REAL PROPERTY TAX SERVICES

RECEIVED

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
1- ORGANIZATION PURPOSE

FEB 27 2018

(See general information and instructions on back form)

Department Of
Assessment & Taxation
City Of Albany N.Y.

- a. Name of organization: Israel Community Service Program Inc.
- b. Mailing address: 274 Washington Ave.
Albany, NY 12203
- c. Employer ID no. 141711598
- d. Name of contact person: Susan Weirich
- e. Telephone no. of contact person: Day (518) 669-898 Evening () _____
- f. E-mail address (optional): sweirich@nycon.org

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- a. A change has occurred in the purpose(s) of the organization.
- b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

STATEMENT OF CHANGE -- I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

STATEMENT OF NO CHANGE -- I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weirich Board Member 2/27/18
Signature Title Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):
- Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
 - Form 1024 (Application for Recognition of Exemption under Section 501 (c)(1))
 - Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
 - Schedule A, Form 990 (Organizations that report under Section 501 (c)(1))
 - Form 990-B (Return of Private Foundation Income from Income Tax)
 - Form 990-AK (Annual Report of Service Foundation)
 - Form 990-P (Exempt Organization Business Income Tax Return)
 - None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____ County _____
 City/Town _____ Village _____
 Street District _____

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications for county, town and school tax purposes should be filed with the Nassau County Board of Assessors. In Tompkins County, application should be filed with the Tompkins County Division of Assessment. Do not file with the Office of Real Property Tax Services.

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE ONLY

Parcel identification no. (s)

Applicant organization

Employer ID no.

Date application filed

Application Approved Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit

Assessor's signature

Date



RP-420-a/b-Rnw-II (9/08)

NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION
FOR NONPROFIT ORGANIZATIONS
II - PROPERTY USE

(See general information and instructions on back form)

1. a. Name of organization
Israel Community Service Program Inc.
- b. Mailing address
274 Washington Ave.
Albany, NY 12203
- c. Employer ID no. 14171098
- d. Name of contact person
Susan Weirich
- e. Telephone no. of contact person
Day 518 466-2943 Evening ()
- f. E-mail address (optional)
sweirich@nycon.org
- g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot
65.79-1-35.1

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- a. A change has occurred in the ownership of all or part of the property.
- b. A change has occurred in the use or uses of the property by the owner.
- c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- d. All or part of the property is occupied by an organization other than the owner; the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

STATEMENT OF CHANGE
I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

STATEMENT OF NO CHANGE
I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Susan Weirich 2/27/18 Board Member
Signature: Date Title

FOR ASSESSOR'S USE

Assessing unit _____ County _____
City/Town _____ Village _____
School District _____

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. _____ Explanation _____

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications must be filed with the Nassau County Board of Assessors. In Tompkins County, applications must be filed with the Tompkins County Division of Assessment. Do not file with the Office of Real Property Tax Services.

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s)

Applicant organization _____ Employer ID no. _____ Date application filed _____

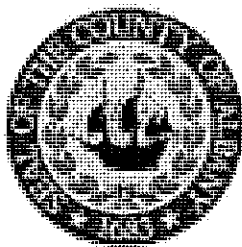
Application Approved Disapproved

Assessed Valuation \$ _____ Taxable \$ _____ Exempt

Documentary evidence presented: _____

Assessing unit _____ Assessor's signature _____ Date _____

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Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 29, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Application for Corrected Tax Roll – Town of New Scotland
2072 Delaware Turnpike, Clarksville, NY 12041

Dear Chairman Joyce,

Michael McGuire, Assessor for the Town of New Scotland, submitted an Application for Corrected Tax Roll, on behalf of the owner of the aforementioned property.

The Clarksville Historical Society submitted an application for real property tax exemption for nonprofit organizations. The assessor's office approved the application; however, due to clerical error the assessor applied the wrong parcel code to the dataset. Exemption code 26250, under RTPL 444 allows for special district taxation. The correct code for nonprofit charitable organization is 25130. RPTL 420 allows for a full exemption, making the property wholly exempt.

I recommend correcting the Town of New Scotland tax roll to reflect the benefit of a nonprofit exemption by cancelling the tax of \$255.31.

Sincerely,

A handwritten signature in cursive script, appearing to read "Maggie A. Alix".

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1493, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization for Corrected Tax Roll - Town of New Scotland

Date: January 29, 2020
 Submitted By: Maggie A. Alix
 Department: Real Property Tax Service Agency
 Title: Director
 Phone: 518-487-5291
 Department Rep.
 Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to correct the Town of New Scotland tax roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

Yes No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Michael McGuire, Assessor for the Town of New Scotland, submitted an Application for Corrected Tax Roll, on behalf of the owner of 2072 Delaware Turnpike.

The Clarksville Historical Society submitted an application for real property tax exemption for nonprofit organizations. The assessor's office approved the application; however, due to clerical error the assessor applied the wrong parcel code to the dataset. Exemption code 26250, under RTPL 444 allows for special district taxation. The correct code for nonprofit charitable organization is 25130. RPTL 420 allows for a full exemption, making the property wholly exempt.

I recommend correcting the Town of New Scotland tax roll to reflect the benefit of a nonprofit exemption by cancelling the tax of \$255.31.



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | |
|--|------------------------|--|---------------------------------------|
| Names of owners Clarksville Historical Society. | | | |
| Mailing address of owners (number and street or PO box) PO Box 91 | | Location of property (street address) 2072 Delaware Turnpike | |
| City, village, or post office Clarksville | State NY | ZIP code 12041 | City, town, or village Clarksville |
| Daytime contact number 518-527-4466 | Evening contact number | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 013489 105.4-1-9.1 | |
| Account number (as appears on tax bill) | | Amount of taxes currently billed 255.31 | |
| Reasons for requesting a correction to tax roll: A clerical error was made when applying the non-profit exemption under RPTL Section 420 to this property. Instead of granting an exemption under Section 420 an exemption under Section 444 was granted. This error resulting in the levy of the Fire and Light special districts. Under Section 420 these items are exempt. I am requesting a corrected bill for this property. | | | |

I hereby request a correction of tax levied by Town Special Districts for the year(s) 2020
(County, city, village, etc.)

| | |
|----------------------------|--------------------|
| Signature of applicant | Date 01-22-2020 |
|----------------------------|--------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|--|---|
| Date application received 1/22/2020 | Period of warrant for collection of taxes 1/1/2020 |
| Last day for collection of taxes without interest 1/31/2020 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date 1/29/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of New Scotland who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|---|--|
| Amount of taxes currently billed \$ 255.31 | Corrected tax -0- |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Instructions

General information

Where to send

Submit two copies of this application to the County Director of Real Property Tax Services (in Nassau and Tompkins Counties, submit to Chief Assessing Officer).

When to send

Submit the application only before the collection warrant expires.

Wholly exempt parcel

Attach statement signed by assessor or majority of board of assessors substantiating that assessor obtained proof that parcel should have been granted tax exempt status on tax roll.

Payment requirements

You may pay without interest and penalties only if:

- the application was filed with the County Director on or before the last day that taxes may be paid without interest (see *Date application received* in Part 2); and
- you pay the corrected tax within eight days of the date on which the notice of approval is mailed to the applicant (see Part 3).

If either of these conditions is not satisfied, interest, penalties, or both must be paid on the corrected tax.

For use by Collecting Officer:

Order from tax levying body received on _____
Date

| | |
|--|--|
| Corrected tax due | Date tax roll corrected |
| Interest and penalties (if applicable) | Date tax bill corrected |
| Total corrected tax due | Date application and order added to tax roll |
| Date payment received | |

| | |
|---------------------------------|------|
| Signature of collecting officer | Date |
|---------------------------------|------|

Collection: Town & County 2020

Fiscal Year Start: 1/1/2020

Fiscal Year End: 12/31/2020

Warrant Date: 12/31/2019

Total Tax Due (minus penalties & interest) \$255.31 \$255.31



| | | | |
|--------------------|----------------------|-------------------|--------|
| Tax Bill # | SWIS | Tax Map # | Status |
| 004436 | 013489 | 105.4-1-9.1 | Unpaid |
| Address | Municipality | School | |
| 2072 Delaware Tpke | Town of New Scotland | Bethlehem Central | |

| | | | |
|--------------------------------|------------------------------|-------------------------------|----------|
| Owners | Property Information | Assessment Information | |
| Clarksville Historical Society | Roll Section: 8 | Full Market Value: | 75000.00 |
| PO Box 91 | Property Class: 1 Family Res | Total Assessed Value: | 69000.00 |
| Clarksville, NY 12041 | Lot Size: 0.34 | Uniform %: | 92.00 |

| | |
|------------------|---------------|
| Exemption | Amount |
| HISTORICAL | 69000.00 |

| Description | Tax Levy | Percent Change | Taxable Value | Rate | Tax Amount |
|---------------------|----------|----------------|---------------|------------|------------|
| County Purposes | 3808070 | 4.6000 | 0.000 | 3.84127000 | \$0.00 |
| Town | 1463780 | 4.2000 | 0.000 | 1.47654200 | \$0.00 |
| Town Outside | 307700 | 4.7000 | 0.000 | 0.40763400 | \$0.00 |
| Special EMT | 80233 | 14.0000 | 69000.000 | 0.08536900 | \$5.89 |
| OnesqFire/Amb/LOSAP | 375258 | 2.0000 | 69000.000 | 1.30089700 | \$89.76 |
| Clarksville Light | 6500 | 0.0000 | 69000.000 | 0.26630000 | \$18.37 |
| Clarksville Water | 92250 | -0.4000 | 69000.000 | 2.04769700 | \$141.29 |

Total Taxes: \$255.31

FULL PAYMENT OPTION

| From: | To: | Tax Amount | Penalty | Notice Fee | Total Due |
|--------|--------------|------------|---------|------------|-----------|
| Jan 01 | Jan 31, 2020 | \$255.31 | \$0.00 | \$0.00 | \$255.31 |
| Feb 01 | Feb 29, 2020 | \$255.31 | \$2.55 | \$0.00 | \$257.86 |
| Mar 01 | Mar 31, 2020 | \$255.31 | \$5.11 | \$0.00 | \$260.42 |

| | |
|-----------------------------------|---------------|
| Estimated State Aid - Type | Amount |
| County | 91269848.00 |
| Town | 267704.00 |

Mail Payments To:
 Diane Deschenes
 Town Clerk
 2029 New Scotland Rd Slingerlands, NY 12159

The screenshot shows a software application window with a standard menu bar (File, Edit, View, Toolbar, Window, Help) and a toolbar containing various icons for navigation and editing. The main content area is divided into several sections:

- Top Section:** Contains a search bar with the text "SEARCH" and a dropdown menu.
- Table Section:** A table with multiple columns and rows, containing data that is mostly illegible due to the low resolution and noise.
- Bottom Section:** Contains a "Print" button and other controls.



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RP-420-a/b-Use (9/08)

525

[Handwritten signature]

APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR
NONPROFIT ORGANIZATIONS
II - PROPERTY USE

105-4-1-9.1

FEB 28 2019

| | |
|--|---|
| <u>Clarksville Historical Society</u> | <u>20-2203572</u> |
| 1 a. Name of organization <u>PO Box 91</u> | 2. Employer ID no <u>Susan Dee</u> |
| <u>Clarksville, NY 12041</u> | 3a. Name of contact person <u>518-768-2940</u> |
| b. Mailing address | b. Day telephone no. of contact person <u>518-768-2940</u> |
| <u>2072 Delaware Turnpike, Clarksville, NY 12041</u> | Evening telephone no. <u>clarksvillehd@gmail</u> |
| c. Address of property | c. E-mail address (optional) |

d. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot 105.4-1-9.1

- 4 a. Has any part of this property been conveyed to another person or organization? Yes No
 b. Is the property or any part thereof under contract for sale? Yes No
 c. Is the property or any part thereof for sale? Yes No
 d. If answer to 4 a, b, or c is yes, give full details (indicate question letter): _____

5. Name of grantee as set forth in deed by which property was acquired if different from answer to question 1.
N/A

6. If the property was acquired within the last three (3) years, indicate: Date of acquisition: 5/17/2018
 Deed recording information - Book of Deeds: 2018 Page: 11920

7. Was the property acquired from anyone who has or had any interest in the owning organization (e.g., officer, director, employee, member, etc.)? Yes No

If yes, explain the relationship and circumstances of sale (including purchase price and terms of sale):
Seller is a current Board Trustee. Purchase of this building is in accordance with the Constitution of the Org. to preserve buildings of historical value. Property was purchased for \$30,000 and purchased "as is."

8. Is the property mortgaged? Yes No
 a. If yes, does the holder of the mortgage presently (or did it formerly) have any interest in the owning organization? Yes No

b. If answer to 8a is yes, explain the relationship and details of mortgage(s), original principal amount, principal currently outstanding, interest rate, original term of mortgage, term remaining:
Mortgage of \$15,000 is held by Seller and paid at a rate of \$416.66/month for approximately 36 months until paid in full. No interest is charged. Approximately 27 months remaining.

(attach additional sheets if necessary)

FOR ASSESSOR'S USE

Assessing unit TONS County Alb
 City/Town New Scotland Village _____
 School District BCSD

- c. Do the minutes of the organization contain a resolution(s) authorizing contemplated building or other improvements? Yes No
If yes, attach a copy of resolution(s).
 - d. State detailed financial resources for contemplating buildings or other improvements (including building fund). _____
 - e. When will construction begin? _____
15. Describe, briefly, the building(s) or other improvements: former 1 family residence - 2 story w/ 3 bedrooms, 1 bathroom.
- a. Approximate acreage of land not underlying buildings or other improvements: 34 acres
 - b. Use or uses of land referred to in 15a. if not described in question 10. _____
 - c. Are buildings or other improvements contemplated on this unimproved land? Yes No
If yes, give full details including proposed use(s): _____
 - d. Do the minutes of the organization contain a resolution authorizing contemplated buildings or other improvements? Yes No If yes, attach copy of resolution(s)
 - e. State financial resources for contemplated buildings or other improvements (including building fund).
Building Fund for all building improvements: \$7,262.30
 - f. When will construction begin? not determined
16. Are there any unoccupied buildings or other improvements on this property? Yes No
- a. Date(s) they became unoccupied _____
 - b. Describe contemplated use(s) of the buildings or other improvements: _____

VERIFICATION

State of New York

ss:

County of Albany

Susan Dee, being duly sworn, says that she is the President of the applicant organization, that the statements contained in this application (including the attached sheets consisting of 0 pages) are true and correct and complete, and that she makes this application for real property tax exemption as provided by law.

PATRICIA A. BARBER
Notary Public, State of New York
No. 01BA6322572
Qualified in Albany County
Commission Expires April 6, 2019

Subscribed and sworn to before me

this 28th day of February 2019

Susan Dee
Signature of owner or authorized representative

Patricia A. Barber
Commissioner of deeds or notary public



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RP-420-b-Org (9/08)

527

APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR
NONPROFIT ORGANIZATIONS - PERMISSIVE CLASS
I-ORGANIZATION PURPOSE

(See general information and instructions on back of form)

Clarksville Historical Society

1a. Name of Organization
PO Box 91

Susan Dee

d. Name of contact person
518-768-2940

Clarksville, NY 12041

b. Mailing address
20-2203572

e. Day telephone no. of contact person
518-768-2940

Evening telephone no.
clarkvillehd@gmail

c. Employer ID no. _____

f. E-mail address (optional) _____

2 a. Purpose (s) of the organization:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1. Bible | <input type="checkbox"/> 5. Infirmary | <input type="checkbox"/> 9. Bar association | <input checked="" type="checkbox"/> 13. Historical |
| <input type="checkbox"/> 2. Tract | <input type="checkbox"/> 6. Public playground | <input type="checkbox"/> 10. Medical society | <input type="checkbox"/> 14. Supervised youth sportsmanship |
| <input type="checkbox"/> 3. Benevolent | <input type="checkbox"/> 7. Scientific | <input type="checkbox"/> 11. Library | <input type="checkbox"/> 15. Enforcement of laws relating to children or animals |
| <input type="checkbox"/> 4. Missionary | <input type="checkbox"/> 8. Literary | <input type="checkbox"/> 12. Patriotic | |

b. If the organization has more than one purpose, state the primary purpose: _____

c. State briefly specific activities related to each purpose checked above _____
see attached

(Attach additional sheets if necessary)

FOR ASSESSOR'S USE

Assessing unit TONS County ALB
City/Town New Scotland Village —
School District BCSD

d. Form of organization Provisional Charter e. Date formed July 12, 2004

f. Has the organization applied for incorporation? Yes No If no, skip to question 6. If yes:

(1) State/County in which application has been filed New York State

(2) Under which law? Law: _____ Article or section: _____

(3) Date application filed: _____

ATTACH COPY OF APPLICATION AND CONSENTS REQUIRED WITH APPLICATION

ATTACH COPY OF CURRENT ARTICLES OF ORGANIZATION (Note: If a dissolution provision is not included in the articles, also attach a statement describing how assets would be distributed should the organization dissolve.)

6. Is the organization under the supervision of any public regulatory body? Yes No.

If yes, answer a through c.

a. Which one(s)? Give name and address NYS Department of Education, Albany, NY

b. Does the organization have an operating certificate, permit, charter, or similar authorization issued by a public regulatory body? Yes No

IF YES, ATTACH COPY OF AUTHORIZATION

c. Does the organization solicit contributions from the public? Yes No

If yes and the organization is registered with the Attorney General's Charities Bureau, give the organization's registration number not registered as a charity

VERIFICATION

State of New York

ss:

County of Albany
Patricia Barber Susan Dee, being duly sworn, says that she is the President of the applicant organization, that the statements contained in this application (including the attached sheets consisting of 4 pages) are true and correct and complete, and that she makes this application for real property tax exemption as provided by law.

PATRICIA A. BARBER
Notary Public, State of New York
No. 01BA6322572
Qualified in Albany County
Commission Expires April 6, 2019

Subscribed and sworn to before me

this 28th day of February 2019

Susan Dee
Signature of owner or authorized representative

Patricia A. Barber
Commissioner of deeds or notary public



 The University of the State of New York

 Education Department

CLARKSVILLE HISTORICAL SOCIETY

PROVISIONAL CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of November 5, 2004,

Voted, that

1. A provisional charter valid for a term of five years is granted incorporating David W. Briscoe, David E. Ingraham, Marilyn Miles, Steven Crookes, Janice Crookes, Michelle VanAlstyne, Robert VanAlstyne, Michael Cootware, Joseph T. Hogan, Carolyn O. Weatherwax, John J. McKenzia, Jaime L. Pauley, Keith Leonard, Elwood L. Vanderbilt, Brenda K. Dwyer and their associates and successors as an education corporation under the corporate name of Clarksville Historical Society, located in Clarksville, county of Albany, state of New York.
2. The purposes for which such corporation is formed are:
 - a. To promote, stimulate, and encourage local history through the publication of materials and educational programs;
 - b. To disseminate and encourage a greater knowledge of the history of the state of New York and particularly Clarksville and its environs;
 - c. To gather, preserve, display and make available for study artifacts, relics, books, manuscripts, papers, photographs, and other records and materials relating to the history of the state of New York and particularly Clarksville and the surrounding area;
 - d. To encourage the suitable marking of places of historic interest, such as the limestone industry, unique to Clarksville; and
 - e. To acquire by purchase, gift, devise, or otherwise the title to or the custody and control of historic sites and structures, and to preserve and maintain such sites and structures, when feasible.
3. The persons named as incorporators shall constitute the first board of trustees. The board shall have power to adopt bylaws, including therein provisions fixing the method of election and the term of office of trustees, and shall have power by vote of two-thirds of all the members of the board of trustees to change the number of trustees to be not more than twenty-five nor less than five.
4. The names and post office addresses of the first trustees are as follows:

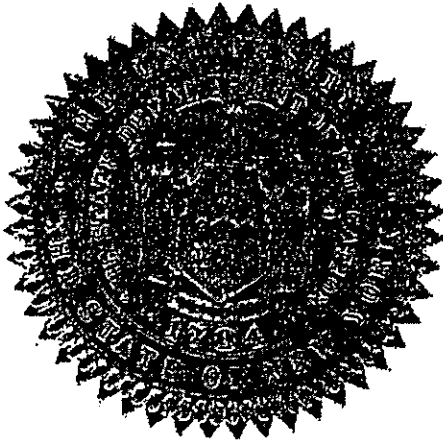
David W. Briscoe
 1812 Indian Fields Road
 Feura Bush, New York 12067

David E. Ingraham
 808 South Road
 Clarksville, New York 12041

Marilyn Miles
 P.O. Box 76
 Clarksville, New York 12041

Clarksville Historical Society
Page three

10. The Commissioner of Education is designated as the representative of the corporation upon whom process in any action or proceeding against it may be served.
11. Such provisional charter will be made absolute if, within five years after the date when this charter is granted, the corporation shall acquire resources and equipment which are available for its use and support and which are sufficient and suitable for its chartered purposes in the judgment of the Regents of the University, and shall be maintaining an institution of educational usefulness and character satisfactory to the Regents. Prior to the expiration of said five-year period, an application for the extension of such provisional charter or for an absolute charter will be entertained by the Regents, but in the event that such application is not made, then at the expiration of said term of five years, and upon notice by the Regents, such provisional charter shall terminate and become void and shall be surrendered to the Regents.



Granted, November 5, 2004, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 23,841.

Don Bennett
Chancellor

Richard P. Mills
President of the University and
Commissioner of Education

**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK**

SECRETARY, BOARD OF REGENTS
Rm. 110, State Education Building
Albany, New York 12234
Tel. (518)474-5889
Fax (518)486-2405
E-mail: RegentsOffice@nysed.gov

Susan Dee, Pr sident
Clarksville Historical Society
PO Box 91
Clarksville, NY 12041

RE: Document No. 26,341
Clarksville Historical Society
Extension of Provisional Charter
Date of Action: September 17, 2015

To Whom it May Concern:

The enclosed document was granted by the Regents of The University of the State of New York. Kindly acknowledge receipt of this document by completing the bottom section of this letter and returning the letter by e-mail, fax or mail to the Regents Office, Room 110, State Education Building, Albany, New York 12234. Thank you.

Sincerely,

Anthony Lofrumento

Enclosures

RECEIVED BY: Susan Dee

DATE RECEIVED: April 2015

INTERNAL REVENUE SERVICE
P. O. BOX 2500
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

APR 01 2005

CLARKSVILLE HISTORICAL SOCIETY
PO BOX 91
CLARKSVILLE, NY 12041-0091

Employer Identification Number:
70-2203572
DLN:
17053067040005
Contact Person: DEL TRIMBLE ID# 31309
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
MAY 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
NOVEMBER 05, 2004
Contribution Deductibility:
YES
Advance Ruling Ending Date:
MAY 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

108



Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 29, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Application for Corrected Tax Roll – Town of Rensselaerville
285 Hale Road, Rensselaerville, NY, 12147

Dear Chairman Joyce,

Peter Hotaling, Assessor for the Town of Rensselaerville, submitted an Application for Corrected Tax Roll, on behalf of the owner of 285 Hale Road.

The aforementioned property transferred in August 2018. The property transferred from Loring Moak to his children, Paul and Samantha Moak. When processing the transfer the assessor inadvertently removed the Senior Aged exemption. According to the deed, Loring Moak has a life estate; therefore, the exemptions are applicable.

Given the supporting documentation, it appears Mr. Moak meets the eligibility requirements for a 50% aged exemption. I recommend correcting the 2020 tax roll to reflect an amount due of \$856.43.

Sincerely,

A handwritten signature in black ink, appearing to read "Maggie A. Alix".

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1492, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Correct Tax Roll - Town of Rensselaerville

Date: January 29, 2020
 Submitted By: Maggie A. Alix
 Department: Real Property Tax Service Agency
 Title: Director
 Phone: 518-487-5291
 Department Rep.
 Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to correct the Town of Rensselaerville tax roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

Yes No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Peter Hotaling, Assessor for the Town of Rensselaerville, submitted an Application for Corrected Tax Roll, on behalf of the owner of 285 Hale Road.

The aforementioned property transferred in August 2018. The property transferred from Loring Moak to his children, Paul and Samantha Moak. When processing the transfer the assessor inadvertently removed the Senior Aged exemption. According to the deed, Loring Moak has a life estate; therefore, the exemptions are applicable.

Given the supporting documentation, it appears Mr. Moak meets the eligibility requirements for a 50% aged exemption. I recommend correcting the 2020 tax roll to reflect an amount due of \$856.43.



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|---|--|---|--|---|--|
| Names of owners <u>Loring R. Moak, Paul L. Moak, Samantha L. Moak</u> | | | | | |
| Mailing address of owners (number and street or PO box) <u>271 Hale Rd.</u> | | | Location of property (street address) <u>285 Hale Rd.</u> | | |
| City, village, or post office <u>Rensselaerville</u> | | State <u>N.Y.</u> | ZIP code <u>12147</u> | City, town, or village <u>Rensselaerville</u> | |
| Daytime contact number <u>518 239 6829</u> | | Evening contact number <u>518 239 6829</u> | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) <u>149.-1-4.1</u> | |
| Account number (as appears on tax bill) | | | Amount of taxes currently billed <u>1605.57</u> | | |
| Reasons for requesting a correction to tax roll: <u>Loring over 65 (senior) Exemption was not deducted (not applied)</u> | | | | | |

I hereby request a correction of tax levied by Rensselaerville for the year(s) 2020.
(County, city, village, etc.)

| | |
|----------------------------|--------------------------|
| Signature of applicant | Date <u>1/13/2020</u> |
|----------------------------|--------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received <u>1/17/2020</u> | Period of warrant for collection of taxes <u>1/1/2020</u> |
| Last day for collection of taxes without interest <u>1/31/2020</u> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official | Date <u>1/30/20</u> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Rensselaerville, who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ : (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed \$ <u>1,605.77</u> | Corrected tax <u>\$ 856.43</u> |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Peter Hotaling, Sole Assessor
Town of Rensselaerville
87 Barger Rd
Medusa, NY 12120
assessors@rensselaerville.com

Town of Rensselaerville Assessor's Office

January 15, 2020

Director Maggie Alix
Albany County Office Of Real Property
112 State Street Room 800
Albany, NY 12207

Re: Lorning Moak
285 Hale Rd
Rensselaerville, NY 12147
149.-1-4.1

Dear Maggie, I received a call from Mr. Moak questioning why there was not a Sr Aged Exemption on his 2020 Tax bill for County and Town purposes.

Upon review I found that, all exemptions were removed when the sale was entered. The sale was actually was to put the ownership in a Family Trust and Mr Moak should have retain his exemptions. I request that the RP-554 be processed without penalties and a new tax bill be sent to Mr. Moak at mailing address 271 Hale Rd. Rensselaerville, NY 12147.

I have enclosed 2 copies of the RP-554, copy of the unpaid 2020 Town Tax Bill, RPS snap shot showing the Exemptions in place, and a copy of the Sr Aged Exemption form. Mr Moak did receive the E STAR Exp for the 2019 School Bill.

Should you have any questions please feel free to call me at 518-239-4225 or my cell 518-573-7852 , for now as I am working from home during my recuperation from surgery.

Sincerely yours,

Peter Hotaling IAO
Town of Rensselaerville
Sole Assessor

.....

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

| | | | |
|---------------------------------------|--------------------------|------------------------------------|-----------------------|
| FISCAL YEAR: 01/01/2020 to 12/31/2020 | WARRANT DATE: 12/31/2019 | STATE AID - COUNTY: 591,269,848.00 | TOWN: 50.00 |
| MAKE CHECK PAYABLE TO: | | BANK | BILL NUMBER |
| | | 001138 | PAGE 1 OF 1 |

540

VICTORIA H. KRAKER
TOWN CLERK/TAX COLLECTOR
 87 BARGER ROAD
 MEDUSA, NY 12120

TO PAY IN PERSON:
 Town Hall
 Monday - Wednesday
 9:00 AM - 3:30 PM
 Thursday 9:00 AM - 6:30 PM
 Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:
TAX MAP #:013600 149.-1-4.1
 DIMENSION: 85.10 acres
 RS: 1 CLASS: Rurl res&rec
 ADDRESS: 285 Hale Rd
 SCHOOL: Greenville Central
 FULL MARKET VALUE: 176053.00
 UNIFORM % OF VALUE: 57.00
 ASSESSMENT: 100350

PROPERTY OWNER:

 Moak Paul L.
 Moak Samantha L.
 271 Hale Road
 Rensselaerville, NY 12147

MEMORANDUM BILL

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

| LEVY DESCRIPTION | TAX LEVY | % Change From Prior YR Levy | RATE | TAXABLE VALUE | | AMOUNT DUE | |
|----------------------|----------|-----------------------------|------------|---------------|-----------|------------|--------|
| TOWN | 392003 | 5.1000 | 2.87836700 | 50,175 | 100350.00 | 144.42 | 288.84 |
| HIGHWAY 1 | 479861 | -14.5000 | 3.52348400 | 50,175 | 100350.00 | 176.79 | 353.58 |
| HIGHWAY 2,3,4 | 315622 | 45.1000 | 2.31752300 | 50,175 | 100350.00 | 116.28 | 232.56 |
| COUNTY | 832707 | 4.1000 | 6.21113700 | 50,175 | 100350.00 | 311.64 | 623.29 |
| RENSSELAERVILLE FIRE | 62202 | 1.1000 | 1.06928000 | | 100350.00 | | 107.30 |

TOTAL TAXES DUE BY JANUARY 31, 2020: \$1605.57
 \$ 856.43

PAYMENT PERIODS

| From: | To: | Tax Amount: | Penalty: | Notice Fee: | Total Due: | Amount Paid: | Date Paid: |
|-------|--------------|-------------|----------|-------------|------------|--------------|------------|
| JAN 1 | JAN 31, 2020 | 1605.57 | | | 1605.57 | | |
| FEB 1 | FEB 29, 2020 | 1605.57 | 16.06 | | 1621.63 | | |
| MAR 1 | MAR 31, 2020 | 1605.57 | 32.11 | | 1637.68 | | |

| | | | |
|----------------------------------|---------------|---|------------------|
| TOTAL TAXES PAID TO DATE: | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | \$1605.57 |
|----------------------------------|---------------|---|------------------|

\$ 856.43

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES
RECEIVERS STUB

013600 149.-1-4.1
 Moak Paul L.
 Moak Samantha L.
 271 Hale Road
 Rensselaerville, NY 12147

BILL NO.: 001138
BANK:
MUNICIPALITY: Town of Rensselaerville
SCHOOL: Greenville Central
PROPERTY ADDRESS:
 285 Hale Rd

| | | | |
|---|---------------|---|------------------|
| TOTAL TAXES PAID TO DATE: | \$0.00 | REMAINING TAXES DUE EXCLUDING ANY INTEREST OR PENALTY: | \$1605.57 |
| PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT | | CHECK THIS BOX IF YOU WOULD LIKE A RECEIPT <input type="checkbox"/> | |

Renewal Application for Partial Tax Exemption for Real Property of Senior Citizens

01/21/17 MFF
541 *ell*

| | | |
|-------------------------------|---|---|
| Return no later than 3/1/2019 | to: Town of Rensselaerville Assessor's 87 Barger Rd. Medusa New York 12120- | Town of Rensselaerville 518-239-4225 |
|-------------------------------|---|---|

Moak Paul L.
Moak, Samantha L.
271 Hale Road
Rensselaerville, NY 12147

| |
|------------------------------------|
| Owner Telephone number |
| Day () _____ |
| Evening () _____ |
| E-mail Address (optional) _____ |

Location of property

| | |
|-----------------|--------------------|
| 285 Hale Rd | |
| Street address | Village (if any) |
| Rensselaerville | Greenville Central |
| City / Town | School district |

To be filed with your local assessor by taxable status date. Do not file this form with the Office of Real Property Tax Services.

New for 2019. This form no longer serves as the application for the Enhanced STAR exemption. This form may only be used to apply for the partial tax exemption for real property of senior citizens. It may not be used to apply for the Enhanced STAR exemption, which is a separate exemption.

To apply for the Enhanced STAR exemption, you must file Forms RP-425-E, *Application for Enhanced STAR Exemption for the 2019-2020 School Year*, and RP-425-IVP, *Supplement to Forms RP-425-E and RP-425-Rnw*, with your assessor by taxable status date. You may obtain those forms from your assessor or download them from www.tax.ny.gov. Note: If you do not already have a STAR exemption you may not apply for a new STAR exemption, but you may be eligible for a STAR credit, which is provided in the form of a check. For more information about the STAR credit, visit www.tax.ny.gov/STAR or call 518-457-2036.

- Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot 149.-1-4.1
- Since filing your application last year, fully describe in the lines below any changes in:
 - title to the property (due to death, addition or deletion of owner);
 - legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse); or
 - use of residence for other than residential purposes (store, office, farm, etc.);
 - Children of owners, tenants or leaseholders living on the premises attending public school grades pre-K-12; if so, give the name and location of the school or schools, and state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

Mark an X in the box if there has been no change in items, a, b, c, and d above.

Explanation of changes that have occurred as indicated on line 2 (attach additional sheets if necessary).
Marian Moak Passed Away 2/28/18 I sold the property to my son Paul & His wife Samantha thru a living trust on August 7 2019

- Did the owner or spouse file a federal or New York State income tax return for the preceding year?
If Yes, attach a copy of the return(s) Yes No
- Provide the income of each owner and spouse of each owner for the calendar year immediately preceding the date of application, except for an owner who is absent from the residence due to divorce, legal separation or abandonment. Attach additional sheets if necessary. See Form RP-467-I, *Instructions for Form RP-467*, for income to be included.

Income does not include:

- gifts,
- inheritances,
- a return of capital,
- proceeds of a reverse mortgage (although interest or dividends realized from the investment of such proceeds are income),
- reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program.

| Name of Owner(s) | Source of Income | Amount of Income |
|------------------|------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4a Total income of owner(s) 4a _____

| Name of spouse(s) if not owner of property | Source of Income of spouse(s) | Amount of Income of spouse(s) |
|--|-------------------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4b Total income of spouse(s) 4b _____

4c Total income of owner(s) and spouse(s) (add all income sources) 4c _____

4d Of the income on line 4c, how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter 0 if not applicable (see instructions) 4d _____

4e Subtract line 4d from line 4c..... 4e _____

5 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

5a Unreimbursed medical and prescription drug costs (be sure to deduct any amounts reimbursed by insurance)..... 5a _____

5b Subtotal income of owner(s) and spouse(s) (line 4e minus line 5a) 5b _____

6 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following: Veteran's disability compensation received. Attach proof; enter 0 if not applicable.... 6 _____

7 Total income of owner(s) and spouse(s) (line 5b subtotal minus line 6) 7 _____

8 Certification

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

| | | | |
|---|---|--|-------------------------------|
| Signature (If more than one owner, all must sign.) <u>Loring R. Mook</u> | Marital Status <u>widower</u> | Phone Number <u>578-239-4915</u> | Date <u>9/14/19</u> |
|---|---|--|-------------------------------|

This Area for Assessor's Use Only

Date renewal application filed _____ Approved Disapproved

Exemption applies to taxes levied by or for: City/Town _____% County _____%
School _____% Village _____%

Assessor's Signature _____ Date _____

Your first name and initial: LORING Last name: MOAK OMB No. 1545-0074 Your social security number: [redacted] Spouse's social security number: [redacted] Home address: 285 HALE RD Apt. no.: RENSSELAERVILLE NY 12147 Foreign country name: Foreign province/state/country: Foreign postal code:

Filing status: 1 [] Single 2 [x] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) (see instructions)

Exemptions: 6a [x] Yourself. If someone can claim you as a dependent, do not check box 6a. b [x] Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [x] If child under age 17 qualifying for child tax credit (see instructions) Boxes checked on 6a and 6b: 2 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above: Add numbers on lines above: 2 d Total number of exemptions claimed.

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 8a Taxable interest. Attach Schedule B if required. 8a b Tax-exempt interest. Do not include on line 8a. 8b 9a Ordinary dividends. Attach Schedule B if required. 9a b Qualified dividends (see instructions). 9b 10 Capital gain distributions (see instructions). 10 11a IRA distributions. 11a 11b Taxable amount (see instructions). 11b 12a Pensions and annuities. 12a 12b Taxable amount (see instructions). 12b 6,636. 13 Unemployment compensation and Alaska Permanent Fund dividends. 13 14a Social security benefits. 14a 17,604. 14b Taxable amount (see instructions). 14b 0. 15 Add lines 7 through 14b (far right column). This is your total income. 15 6,636.

Adjusted gross income: 16 Educator expenses (see instructions). 16 17 IRA deduction (see instructions). 17 18 Student loan interest deduction (see instructions). 18 19 Tuition and fees. Attach Form 8917. 19 20 Add lines 16 through 19. These are your total adjustments. 20

21 Subtract line 20 from line 15. This is your adjusted gross income. 21 6,636.

BAA

Handwritten calculation: 6,636 + 17,604 = 24,240 = 50%



Department of Taxation and Finance
Office of Real Property Tax Services

9/19/19 Approved
544

RP-425-Rnw
(7/18)

Renewal Application for Enhanced STAR Exemption for The 2019-2020 School Year

If you received an Enhanced STAR exemption on your 2018-2019 school tax bill and wish to continue receiving the exemption for the 2019-2020 school year, you must submit this form to your assessor along with:

- Form RP-425-IVP, Supplement to Forms RP-425-E and RP-425-Rnw, and
- proof of income.

For help completing this form, see the instructions on page 2. Attach additional sheets if necessary.

| | | | | | |
|---|--|------------------------|--|---------------------------------------|--|
| Name(s) of owner(s) Loring Moak Paul Moak Samantha Moak | | | | | |
| Mailing address of owner(s) (number and street or PO Box) 271 Hale Rd. | | | Location of property (street address) 285 Hale Rd. | | |
| City, village, or post office Rensselaerville | | State N.Y. | ZIP code 12147 | | |
| City, town, or village Rensselaerville | | State N.Y. | ZIP code 12147 | | |
| Daytime contact number 518-239-4915 | | Evening contact number | | School district Greenville Central | |
| E-mail address | | | Tax map number of section/block/lot: Property Identification (see tax bill or assessment roll) 149.-1-4.1 | | |

1 Is the total 2017 combined income of all the owners, and of any owners' spouses residing on the premises, \$86,300 or less? (See Income for STAR purposes on page 2.) Yes No

Note: If Yes, you must attach a copy of the 2017 federal or 2017 state income tax returns for all owners, including nonresident owners. If your assessor needs tax schedules and tax form attachments they will contact you.

If you weren't required to file a federal or New York State income tax return for 2017, complete Form RP-425-Wkst, *Income for STAR Purposes Worksheet*, and submit it to the assessor.

If No, then you do not qualify for the Enhanced STAR exemption.

2 Do you or your spouse own another property that is either receiving a STAR exemption in New York State or a residency-based tax benefit in another state, such as the Florida Homestead exemption? ... Yes No

If Yes, then you do not qualify for the Enhanced STAR exemption on this property.

Certification

Caution: Anyone who misrepresents his or her primary residence, age, or income:

- will be subject to a penalty of the greater of \$100 or 20% of the improperly received tax savings
- will be prohibited from receiving the STAR exemption for six years, and
- may be subject to criminal prosecution.

I (we) certify that all of the above information is correct, that I (we) own the property listed above and it is my (our) primary residence and that my (our) 2017 income was less than \$86,300. I (we) understand it is my (our) obligation to notify the assessor if I (we) relocate to another primary residence and to provide any documentation of eligibility that is requested.

All resident owners must sign and date this form.

| | |
|-----------------------------|-----------------|
| Signature Loring R. Moak | Date 9/14/19 |
|-----------------------------|-----------------|

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Return this form with Form RP-425-IVP to your local assessor by taxable status date (see Deadline on page 2).



149-1-4.1

013600 Rensselaerville

Active

R/S:1

School: Greenville Cent

Moak, Loring

Roll Year: 2018 Prior Year

Full restrec

Land AV: 70,350

285 Hale Rd

Land Size: 85.10 acres

Total AV: 100,350

- Parcel 149-1-4.1
 - History
 - Assessment
 - Exempt(s)**
 - Spec Dist(s)
 - Description
 - Owner(s)
 - Images
 - Gis
 - Site (1) Res
 - Land(s)
 - Bldg
 - Imprvmt(s)
 - Valuation
 - Sale 08/07/18
 - Site (1) Res
 - Land(s)
 - Bldg
 - Imprvmt(s)
 - Valuation

| Total 2 Exemptions (Right-Click to Add) | | Amount | Pct | Init Year | Term Year | Own Pct |
|---|----------|--------|-----|-----------|-----------|---------|
| 41800 | OV65-ALL | 50,175 | 50 | 2018 | | |
| 41834 | ENH STAR | 41,320 | | 2016 | | |

Calc Sr. Exempts...

Code: **41800 OV65-ALL** Term Yr:

Amount: **50,175** Init Year: **2018**

Percent: **50** Own Pct:

Misc:

Res Pct:

Eq Rate: **61.85**

Spec Rate: **0**

| Exemption Amounts: | |
|--------------------|---------------|
| County: | 50,175 |
| Muni: | 50,175 |
| School: | 50,175 |

| Taxable Values: | |
|------------------|---------------|
| County: | 50,175 |
| Muni: | 50,175 |
| School: | 50,175 |
| Schl after STAR: | 8,855 |

3
Ren
B

Bargain & sale deed, with covenant against grantor's acts--Ind. or Corp.

CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT-THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY.

THIS INDENTURE, made the 7th day of August, Two Thousand and Eighteen

BETWEEN

LORING R. MOAK, residing at 285 Hale Road, Rensselaerville, NY 12147
party of the first part, and

PAUL L. MOAK and SAMANTHA L. MOAK, as **Husband and Wife**, residing at
271 Hale Road, Rensselaerville, NY 12147
parties of the second part,

WITNESSETH, that the party of the first part, in consideration of One Dollar and other valuable consideration paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL THAT PIECE OR PARCEL OF LAND situate, lying and being in the Town of Rensselaerville, County of Albany, State of New York bounded and described as follows:

SEE ATTACHED SCHEDULE A

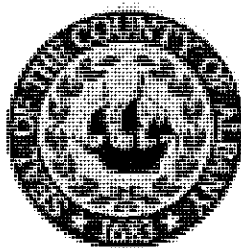
EXCEPTING AND RESERVING unto LORING R. MOAK, during the term of his natural life, a life estate in the foregoing described premises which shall continue in all events until the death of said party of the first part.

LORING R. MOAK, hereby covenants to do the following during the term of the life estate reserved hereby:

- (1) To pay all taxes, assessments, water and sewer rents, and special assessments levied or assessed against the premises upon the receipt of the bills therefor and before the imposition of any penalties or interest thereon;
- (2) To keep the premises, described above, insured for the benefit of the parties of the first part and the party of the second part against fire, and the standard extended coverage endorsements and appropriate liability coverage and to pay all insurance premiums for such insurance;
- (3) To pay for all repairs which are necessary in order to keep the premises in a reasonable state of repair; and
- (4) To pay for all maintenance and upkeep associated with the premises described above including but not limited to cutting grass, garbage removal and other items related to the general upkeep of the premises.

Marian E. Moak died February 28, 2018 a resident of the Town of Rensselaerville, County of Albany, State of New York leaving Loring R. Moak as the sole surviving tenant by the entirety.

109



Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 24, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Application for Corrected Tax Roll – Town of Colonie
62 Bridle Path, Albany, NY 12205

Dear Chairman Joyce,

Michele Zilgme, Tax Collector for the Town of Colonie, submitted an Application for Corrected Tax Roll, on behalf of the owner of the aforementioned property.

Due to a clerical error the tax department inadvertently applied a school relevy to the 2020 property tax bill. The property owner paid the school tax on September 25, 2019. The tax collector provided substantial backup that shows the owner made payment within the interest free period.

I recommend removing the 2019 school relevy from the 2020 property tax bill. The corrected property tax amount is \$1,392.11.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Alix".

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1446, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization for Corrected Tax Roll - Town of Colonie

Date: January 24, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.
Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to Correct the Town of Colonie Tax Roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

Yes No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Michele Zilgme, Tax Collector for the Town of Colonie, submitted an Application for Corrected Tax Roll, on behalf of the owner of 62 Bridle Path, Albany, NY 12205.

Due to a clerical error the tax department inadvertently applied a school relevy to the 2020 property tax bill. The property owner paid the school tax on September 25, 2019. The tax collector provided substantial backup to show the owner made payment within the interest free period.

I recommend removing the 2019 school relevy from the 2020 property tax bill. The corrected property tax amount is \$1,392.11.

TOWN OF COLONIE

C. Michele Zilgme
Receiver of Taxes

Kimberly Cuva
Deputy Receiver of Taxes

Memorial Town Hall
534 New Loudon Road
Latham, NY 12110

Phone (518) 783-2730
Fax (518) 786-6525
tax@colonie.org



January 6, 2020

Maggie A. Alix, Director
Albany County Real Property Tax Service Agency
112 State Street, Rm 1340
Albany, NY 12207

Re: Correction of Errors application.

Morigerato
62 Bridle Path
Albany, NY 12204
26.16-1-45

Dear Ms. Alix,

Please find an application for a correction of errors of the 2020 General Tax bill. I am requesting that a school re-levy be removed from the bill as the owners had made a school tax payment on September 25, 2019 by a credit card, through Official Payments. This payment was not applied to the 2019-2020 school tax due to an error by the Tax Department.

2020 General Tax bill is: \$4,403.91

2019-2020 School Re-levy is \$3,011.80 (Base amount of \$2,814.77 and 7% penalty \$197.03)

I am requesting that the 2020 General Tax bill be corrected to reflect \$1,392.11. The Tax Office will reimburse Albany County the base amount of the 2019-2020 School Tax bill in the amount of \$2,814.77 and the remaining penalty amount of \$197.03 be removed.

I have attached a duplicate copy of the 2020 General Property tax bill, a duplicate copy of the 2019-2020 School tax bill, the credit card report reflecting the payment on September 25, 2019, and a copy of our bank statement which gives the total deposit of the credit card payments for that day, which includes the payment of \$2,814.77.

If you need any addition information in order to process this correction, please do not hesitate to contact me.

Sincerely,

C. Michele Zilgme



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|------------------------|--|---|--|
| Names of owners Tindaro & Sandra Monigerato | | | | | |
| Mailing address of owners (number and street or PO box) 62 Bridle Path | | | Location of property (street address) 62 Bridle Path | | |
| City, village, or post office Albany | | State NY | ZIP code 12205 | | City, town, or village Albany NY |
| Daytime contact number | | Evening contact number | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 29.16-1-45 | |
| Account number (as appears on tax bill) | | | Amount of taxes currently billed \$4,403.91 | | |

Reasons for requesting a correction to tax roll: **2020 General Tax Bill contains a school levy from the 2019-2020 School Tax Bill. The school tax was paid with a credit card on September 25, 2019. This payment was not applied to the tax bill due to a clerical error on the part of the tax office. See attached documentation.**

I hereby request a correction of tax levied by County for the year(s) 2019.
(County, city, village, etc.)

| | |
|--|-------------------------|
| Signature of applicant <i>C. J. [Signature]</i> | Date 1/6/2020 |
|--|-------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received 1/9/2020 | Period of warrant for collection of taxes 1/1/2020 |
| Last day for collection of taxes without interest 1/31/2020 | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official <i>[Signature]</i> | Date 1/24/20 |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Colonie who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):
 Clerical error Error in essential fact Unlawful Entry

| | |
|---|---|
| Amount of taxes currently billed \$4,403.91 | Corrected tax \$1,392.11 (-2814.77 base -197.03 7% Pen) |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer 3011.80 |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Instructions

General information

Where to send

Submit two copies of this application to the County Director of Real Property Tax Services (in Nassau and Tompkins Counties, submit to Chief Assessing Officer).

When to send

Submit the application only before the collection warrant expires.

Wholly exempt parcel

Attach statement signed by assessor or majority of board of assessors substantiating that assessor obtained proof that parcel should have been granted tax exempt status on tax roll.

Payment requirements

You may pay without interest and penalties only if:

- the application was filed with the County Director on or before the last day that taxes may be paid without interest (see *Date application received* in Part 2); and
- you pay the corrected tax within eight days of the date on which the notice of approval is mailed to the applicant (see Part 3).

If either of these conditions is not satisfied, interest, penalties, or both must be paid on the corrected tax.

For use by Collecting Officer:

Order from tax levying body received on _____
Date

| | |
|--|--|
| Corrected tax due | Date tax roll corrected |
| Interest and penalties (if applicable) | Date tax bill corrected |
| Total corrected tax due | Date application and order added to tax roll |
| Date payment received | |

| | |
|---------------------------------|------|
| Signature of collecting officer | Date |
|---------------------------------|------|

Town of Colonie
 South Colonie Central School District Tax Bill 2019-2020
 Duplicate Tax Bill

555

| | | | |
|--|--|--|-------------------|
| <p><u>Tax Map No.</u> 012601 29.16-1-45</p> <p><u>Location</u> Bridle Path</p> <p><u>Dimensions</u> 0.00 by 0.00 0.36 Acres</p> | <p>School Dist 012601 South Colonie Prop Class 210 Single Family</p> <p>Addl Desc N-Bridle Path E-60 S-71-53</p> | | |
| <p>O Morigerato Tindaro D w Morigerato Sandra n 62 Bridle Path e Albany, NY 12205-2320 r</p> | <p>Bill No. 000232 Roll Section Account No. Mortgage NO. Bank Code Assessed Value 145,500</p> | | |
| <u>Levy Description</u> | <u>Tax Value</u> | <u>Tax Rate</u> | <u>Tax Amount</u> |
| South Colonie Bill | 145,500 | 27.249288 | 2814.77 |
| <p>Payment Schedule</p> | | <p>Tax Amount Due: \$2,814.77</p> <p>Your tax savings this year resulting from the New York State Tax Relief (STAR) Program is \$1,150.00</p> | |
| Due Date | 09/30/2019 | 10/31/2019 | |
| Penalty | 0.00 | 112.59 | |
| Total Due | \$2,814.77 | \$2,927.36 | |

Town of Colonie
General Tax Bills - 2020
Duplicate Tax Bill

| | |
|---|--|
| Tax Map No. 012601 29.16-1-45 Location 62 Bridle Path Dimensions 0.00 by 0.00 0.36 Acres | School Dist 012601 South Colonie Tax & Finance School District Code Prop Class 210 Single Family Addl Desc N-Bridle Path E-60 S-71-53 |
|---|--|

| | |
|---|---|
| Owner Morigerato Tindaro D Morigerato Sandra 62 Bridle Path Albany, NY 12205-2320 | Bill No. 000232 Roll Section Account No. Mortgage NO. Bank Code Assessed Value 145,500 Full Market Value 232,800 Uniform Percent of Value 62.50% |
|---|---|

Fiscal Year 01/01/2020-12/31/2020 Estimated State Aid \$91,269,848
Warrant Dated 12/31/2019 \$3,719,414
Equalization Rate 62.50%

Exemptions

| Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount |
|---------------------|------------|------|-----------|----------|------------|
| Albany County Tax | 33,850,828 | 2.0% | 145,500 | 5.577554 | 811.53 |
| Town of Colonie Tax | 24,312,014 | 3.4% | 145,500 | 3.990239 | 580.58 |
| School Relevy | 0 | 0.0% | 0 | 1.000000 | 3011.80 |

Tax Amount Due: \$4,403.91

Payment Schedule

| | | | | |
|-----------|------------|------------|------------|--|
| Due Date | 01/31/2020 | 02/29/2020 | 03/31/2020 | |
| Penalty | 0.00 | 44.04 | 88.08 | |
| Total Due | \$4,403.91 | \$4,447.95 | \$4,491.99 | |

Client: Colonie (Town of), NY - S Colonie SD Tax (IVR) NYMULColonieTn - RC2
 These Transactions occurred on: Wednesday, September 25, 2019
 Report Creation Date-Time: September 26, 2019 1:14 AM
 VISA/MC funds will be deposited on the next business day, after the report date.
 AMEX/DISC funds will be deposited on the 2nd business day, after the report date

| Bill # | Trans. Time | Account Type | Receipt Number | Phone # | Last Name | Trans. Amount | Conv. Fee | Total Charge |
|---------------|-------------|--------------|----------------|------------|-----------|-----------------|--------------|-----------------|
| 000232 | 09:50:29 | Visa | 00867C | 5188695824 | MORI | 2,814.77 | 88.67 | 2,903.44 |
| TOTALS | | | | | | 2,814.77 | 88.67 | 2,903.44 |

| # Trans: | Tran. Amount | Conv. Fee | Total Charge |
|-----------|--------------|-----------|--------------|
| AMEX: | 0.00 | 0.00 | 0.00 |
| Discover: | 0.00 | 0.00 | 0.00 |
| VISA/MC: | 2,814.77 | 88.67 | 2,903.44 |

OFFICIAL PAYMENTS

Official Payments
1-866-352-5002

Credit Card Summary

<https://www.actiondirect.com/support>
www.officialpayments.com

Client: Colonie (Town of), NY (NYMULColonie)
 These Transactions occurred on: Wednesday, September 25, 2019
 Report Creation Date-Time: September 26, 2019 2:05 AM
 VISA/MC funds will be deposited on the next business day, after the report date.
 AMEX/DISC funds will be deposited on the 2nd business day, after the report date.

| IVR Transactions for all Payment Types | Number of Transactions | Transaction Amount | Convenience Fee | Total Amount |
|--|------------------------|--------------------|-----------------|-----------------|
| AMEX | 0 | 0.00 | 0.00 | 0.00 |
| Discover | 0 | 0.00 | 0.00 | 0.00 |
| VISA/MC | 1 | 2,814.77 | 88.67 | 2,903.44 |
| TOTAL | 1 | 2,814.77 | 88.67 | 2,903.44 |

| INTERNET Transactions for all Payment Types | Number of Transactions | Transaction Amount | Convenience Fee | Total Amount |
|---|------------------------|--------------------|-----------------|-----------------|
| AMEX | 0 | 0.00 | 0.00 | 0.00 |
| Discover | 0 | 0.00 | 0.00 | 0.00 |
| VISA/MC | 2 | 8,711.89 | 261.35 | 8,973.24 |
| TOTAL | 2 | 8,711.89 | 261.35 | 8,973.24 |

| Grand Total Transactions for all Payment Types | Number of Transactions | Transaction Amount | Convenience Fee | Total Amount |
|--|------------------------|--------------------|-----------------|------------------|
| AMEX | 0 | 0.00 | 0.00 | 0.00 |
| Discover | 0 | 0.00 | 0.00 | 0.00 |
| VISA/MC | 3 | 11,526.66 | 350.02 | 11,876.68 |
| TOTAL | 3 | 11,526.66 | 350.02 | 11,876.68 |

Total credit card payments for 9/25/19

Account Detail **Demand Dep-0161**

| Date | Description | Check Number | Withdrawal/Deposit | Balance |
|------------|---|--------------|--------------------|------------|
| 09/27/2019 | RETURNED CHECK DEBIT | | -\$3,392.54 | [REDACTED] |
| 09/27/2019 | 5/3 BANKCARD SYS/CREDIT DEP 5/3 BANKCARD CREDIT DEP 44450186126 | | \$11,526.86 | [REDACTED] |

Total Credit Card from 9/25/19

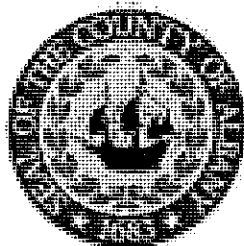
[Transfer](#)
[Statements](#)

Account Summary
 Available Balance: \$21,263,929.06
 Current Balance: \$21,255,794.94
 As Of: 09/27/2019
 Interest Paid YTD: \$0.00
 Interest Rate: 0%
 Interest Accrued: \$0.00
[Show All](#)

Posted Transactions

| Date | Description | Withdrawal/Deposit | Balance |
|------------|------------------------------|--------------------|------------|
| 09/26/2019 | ROTTERDAM MOHONASEN GEN FUND | -\$48,912.71 | [REDACTED] |

1 10



Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 29, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Application for Corrected Tax Roll – Town of Colonie
497 Sand Creek Road, Colonie, NY 12205

Dear Chairman Joyce,

Christina Murray of the Albany County Finance Department submitted an Application for Corrected Tax Roll, on behalf of the owner of the aforementioned property.

The Finance Department received payment for a village tax relevy on December 3, 2019. Due to clerical error the relevy was not removed from the bill file, therefore, the relevy was inadvertently applied to the 2020 property tax bill.

The Department of Finance provided a receipt for the relevy payment. I recommend removing the village relevy from the 2020 property tax bill. The corrected tax amount to be collected is \$ \$995.05.

Sincerely,

A handwritten signature in cursive script, appearing to read "Maggie A. Alix".

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1488, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Correct Tax Roll - Town of Colonie

Date: January 29, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.
Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to correct the Town of Colonie Tax Roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

Yes No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Christina Murray of the Albany County Finance Department submitted an Application for Corrected Tax Roll, on behalf of the owner of 497 Sand Creek Road, Colonie, NY.

The Finance Department received payment for a village tax relevy on December 3, 2019. Due to clerical error the relevy was not removed from the bill file, therefore, the relevy was inadvertently applied to the 2020 property tax bill.

The Department of Finance provided a receipt for the relevy payment. I recommend removing the village relevy from the 2020 property tax bill. The corrected tax amount to be collected is \$ \$995.05.



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|------------------------|---|--|--|
| Names of owners <i>Lewis Eleanor</i> | | | | | |
| Mailing address of owners (number and street or PO box) <i>497 Sand Creek Rd.</i> | | | Location of property (street address) <i>497 Sandcreek Rd.</i> | | |
| City, village, or post office <i>Colonie</i> | | State <i>Ny</i> | ZIP code <i>12205</i> | | City, town, or village <i>Colmie,</i> |
| | | State <i>ny</i> | ZIP code <i>12205</i> | | |
| Daytime contact number | | Evening contact number | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) <i>42.5-3-18</i> | |
| Account number (as appears on tax bill) <i>42.5-3-18</i> | | | Amount of taxes currently billed <i>1499.76</i> | | |
| Reasons for requesting a correction to tax roll: <i>Incorrect Village Rekey. Please remove Village Rekey in the amount of \$504.71. 2019 Village tax was paid 11/30/2019. Receipt attached.</i> | | | | | |

I hereby request a correction of tax levied by *Albany County* for the year(s) *2020*.
(County, city, village, etc.)

| | |
|--|------------------------|
| Signature of applicant <i>[Signature]</i> | Date <i>1/21/20</i> |
|--|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received <i>1/22/2020</i> | Period of warrant for collection of taxes <i>01/1/2020</i> |
| Last day for collection of taxes without interest <i>1/31/2020</i> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official <i>[Signature]</i> | Date <i>1/29/20</i> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of *Colonie* who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____: (insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed <i>\$ 1,499.76</i> | Corrected tax <i>\$ 995.05</i> |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Colonie
General Tax Bills - 2020
Duplicate Tax Bill

| | |
|--|---|
| <p><u>Tax Map No.</u> 012601 42.5-3-18</p> <p><u>Location</u> 497 Sand Creek Rd</p> <p><u>Dimensions</u> 0.00 by 0.00 0.34 Acres</p> | <p>School Dist 012601 South Colonie Tax & Finance School District Code Prop Class 210 Single Family Addl Desc N-1 E-485 S-16-37</p> |
|--|---|

| | |
|--|---|
| <p>O Lewis Eleanor w 497 Sand Creek Rd n Colonie, NY 12205 e r</p> | <p>Bill No. 002463 Roll Section Account No. Mortgage NO. Bank Code Assessed Value 104,000 Full Market Value 166,400 Uniform Percent of Value 62.50%</p> |
|--|---|

Fiscal Year 01/01/2020-12/31/2020 Estimated State Aid \$91,269,848
Warrant Dated 12/31/2019 \$3,719,414
Equalization Rate 62.50%

Exemptions

| Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount |
|--------------------------------|-----------------------|-----------------|--------------------|---------------------|-------------------|
| Albany County Tax | 33,850,828 | 2.0% | 104,000 | 5.577554 | 580.07 |
| Town of Colonie Tax | 24,312,014 | 3.4% | 104,000 | 3.990239 | 414.98 |
| Village Relevy | 0 | 0.0% | 0 | 1.000000 | 504.71 |

Tax Amount Due: \$1,499.76
- \$504.71
\$ 995.05

| Payment Schedule | | | | |
|------------------|------------|------------|------------|--|
| Due Date | 01/31/2020 | 02/29/2020 | 03/31/2020 | |
| Penalty | 0.00 | 15.00 | 30.00 | |
| Total Due | \$1,499.76 | \$1,514.76 | \$1,529.76 | |

COUNTY OF ALBANY

TAX BILLING RECEIPT

282227

12/03/19 15:47

2019 REAL ESTATE

CLERK : sfox

PROPERTY: 04200500030180000000

CUST #: 326201

LOCATION: 497 SAND CREEK RD

| | | PRINCIPAL | INTEREST |
|---------------|------------|-----------|----------|
| LEWIS ELEANOR | | | |
| | VIL COLONI | 471.69 | 0.00 |
| | 5 PERCENT | 23.58 | 0.00 |

Paid by/Ref: CAPCOM

of checks: 1 Check #: 0000747764

| | |
|---------------|--------|
| Check Amount: | 495.27 |
| Cash Amount : | 0.00 |
| Total Amount: | 495.27 |
| Change Due : | 0.00 |

New Balance .00

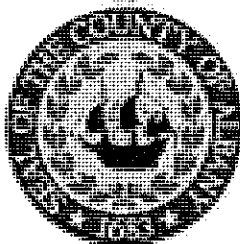
RECEIPT OF TAXES .00

IF ANY PARCEL REMAINS SUBJECT TO ONE OR 12/03/19
PAYMENT YOU HAVE MADE WILL NOT 326201

LEWIS ELEANOR
497 SAND CREEK RD

COLONIE, NY 12205

111



Daniel P. McCoy
County Executive

Maggie A. Alix
Director

COUNTY OF ALBANY
REAL PROPERTY TAX SERVICE AGENCY
112 State Street, Room 1340
ALBANY, NEW YORK 12207
OFFICE: (518) 487-5291
FAX: (518) 447-2503
www.albanycounty.com

January 29, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Rm 710
Albany, NY 12207

Re: Application for Corrected Tax Roll – Town of Colonie
6 Lincoln Avenue, Colonie, NY 12205

Dear Chairman Joyce,

Christina Murray of the Albany County Finance Department submitted an Application for Corrected Tax Roll, on behalf of the owner of the aforementioned property.

The Finance Department received payment for a village tax relevy on December 2, 2019. Due to clerical error the relevy was not removed from the bill file, therefore, the relevy was inadvertently applied to the 2020 property tax bill.

The Department of Finance provided a receipt for the relevy payment. I recommend removing the village relevy from the 2020 property tax bill. The corrected tax amount to be collected is \$ \$764.47.

Sincerely,


Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel



Legislation Text

File #: TMP-1487, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Authorization to Correct Tax Roll - Town of Colonie

Date: January 29, 2020
Submitted By: Maggie A. Alix
Department: Real Property Tax Service Agency
Title: Director
Phone: 518-487-5291
Department Rep.
Attending Meeting: Maggie A. Alix

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Authorization to correct the Town of Colonie Tax Roll

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):
Click or tap here to enter text.

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

Yes No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Christina Murray of the Albany County Finance Department submitted an Application for Corrected Tax Roll, on behalf of the owner of 6 Lincoln Ave, Colonie, NY.

The Finance Department received payment for a village tax relevy on December 2, 2019. Due to clerical error the relevy was not removed from the bill file, therefore, the relevy was inadvertently applied to the 2020 property tax bill.

The Department of Finance provided a receipt for the relevy payment. I recommend removing the village relevy from the 2020 property tax bill. The corrected tax amount to be collected is \$ \$764.47.



Application for Corrected Tax Roll

Part 1 – General information: To be completed in duplicate by the applicant.

| | | | | | |
|--|--|------------------------|---|--|--|
| Names of owners <i>Nakosa, Danielle L.</i> | | | | | |
| Mailing address of owners (number and street or PO box) <i>W. Lincoln Ave.</i> | | | Location of property (street address) <i>W. Lincoln Ave.</i> | | |
| City, village, or post office <i>Albany</i> | | State <i>ny</i> | ZIP code <i>12205</i> | | City, town, or village <i>Colonie</i> |
| | | State <i>ny</i> | ZIP code <i>12205</i> | | |
| Daytime contact number | | Evening contact number | | Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) <i>4.12-4-13</i> | |
| Account number (as appears on tax bill) | | | Amount of taxes currently billed <i>\$1,178.31</i> | | |
| Reasons for requesting a correction to tax roll: <i>Incorrect Village Rely. Please remove Village Rely in the amount of \$413.84. 2019 Village Tax was paid to County on 11/29/19. Receipt attached</i> | | | | | |

I hereby request a correction of tax levied by Albany County for the year(s) 2020
(County, city, village, etc.)

| | |
|--|------------------------|
| Signature of applicant <i>[Signature]</i> | Date <i>1/21/20</i> |
|--|------------------------|

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

| | |
|---|---|
| Date application received <i>1/22/2020</i> | Period of warrant for collection of taxes <i>01/1/2020</i> |
| Last day for collection of taxes without interest <i>1/31/2020</i> | Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/> |
| Signature of official <i>[Signature]</i> | Date <i>1/29/20</i> |

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Colonie who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ :
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):
Clerical error Error in essential fact Unlawful Entry

| | |
|--|--|
| Amount of taxes currently billed <i>\$1,178.31</i> | Corrected tax <i>\$764.47</i> |
| Date notice of approval mailed to applicant | Date order transmitted to collecting officer |

Application denied (reason): _____

| | |
|--|------|
| Signature of chief executive officer, or official designated by resolution | Date |
|--|------|

Town of Colonie
General Tax Bills - 2020
Duplicate Tax Bill

| | | | | | |
|--|--|--|-------------------|---------------------|----------------------|
| <u>Tax Map No.</u> 012601 41.12-4-13 <u>Location</u> 6 Lincoln Ave <u>Dimensions</u> 0.00 by 0.00 0.15 Acres | | School Dist 012601 South Colonie Tax & Finance School District Code Prop Class 210 Single Family Addl Desc Lot 24 N-4 E-7 S-60-20 | | | |
| Owner LaRosa Danielle L 6 Lincoln Ave Albany, NY 12205 | Bill No. 001458 Roll Section Account No. Mortgage NO. Bank Code Assessed Value 79,900 Full Market Value 127,840 Uniform Percent of Value 62.50% | | | | |
| Fiscal Year 01/01/2020-12/31/2020 Estimated State Aid \$91,269,848 Warrant Dated 12/31/2019 \$3,719,414 Equalization Rate 62.50% | | | | | |
| Exemptions | | | | | |
| Levy Description | Tax Levy | +/- | Tax Value | Tax Rate | Tax Amount |
| Albany County Tax | 33,850,828 | 2.0% | 79,900 | 5.577554 | 445.65 |
| Town of Colonie Tax | 24,312,614 | 3.44% | 79,900 | 3.998239 | 318.82 |
| Village Relevy | 0 | 0.0% | 0 | 1.000000 | 413.84 |
| Tax Amount Due: | | | | | \$1,178.31 |
| Payment Schedule | | | | | -\$413.84 |
| | | | | | \$764.47 |
| Due Date | 01/31/2020 | 02/29/2020 | 03/31/2020 | | |
| Penalty | 0.00 | 11.78 | 23.57 | | |
| Total Due | \$1,178.31 | \$1,190.09 | \$1,201.88 | | |

COUNTY OF ALBANY

TAX BILLING RECEIPT

282123

12/02/19 12:59

2019 REAL ESTATE

CLERK : rha11

PROPERTY: 04101200040130000000

CUST #: 489295

LOCATION: 6 LINCOLN AVE

| | | PRINCIPAL | INTEREST |
|-------------------|------------|-----------|----------|
| WHITE CHRISTINE A | | | |
| WHITE MICHAEL A | VIL COLONI | 386.76 | 0.00 |
| | 5 PERCENT | 19.34 | 0.00 |

Paid by/Ref: MARKET TITLE SERVICES LLC

Check #: 004380

| | |
|---------------|---------|
| Check Amount: | 0.00 |
| Cash Amount : | 2140.54 |
| Total Amount: | 0.00 |
| Change Due : | 0.00 |

New Balance .00

RECEIPT OF TAXES .00

IF ANY PARCEL REMAINS SUBJECT TO ONE OR 11/29/19

PAYMENT YOU HAVE MADE WILL NOT 489295

WHITE CHRISTINE A
6 LINCOLN AVE

WHITE MICHAEL A

COLONIE, NY 12205