

**TOWN OF RYE OFFICE OF THE ASSESSOR**

222 Grace Church Street, 3rd Floor (Suite 303)

Port Chester, NY 10573

(914) 939-3566 \* [Fax] 914-939-8926

**PROPERTY DATA QUESTIONNAIRE**

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

**Owner Name and Mailing Address:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Property Location:**

SWIS: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Location: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School Dist: \_\_\_\_\_

Property Class: \_\_\_\_\_

Dear Property Owner:

Welcome to your new home. In order to keep our records current, could you please complete the questions/items below. **We request that you return this form even if there is no change on any of these items.** Please feel free to scan this and email it to us at: [assessor@townofryeny.com](mailto:assessor@townofryeny.com)

Is this your primary residence? Yes\_\_\_ No\_\_\_ Is your property rented? Yes\_\_\_ No\_\_\_

Since we had updated street level photography taken in 2017, could you please verify that the enclosed photo of your property is correct? The enclosed photo is my property: Yes\_\_\_\_\_ No\_\_\_\_\_

What school district do you utilize? \_\_\_\_\_Blind Brook \_\_\_\_\_ Port Chester \_\_\_\_\_ Rye Neck

**PROPERTY DETAILS:** Year Built\_\_\_\_\_ / Bldg. Style\_\_\_\_\_ / # Stories\_\_\_\_\_ / # Bedrooms\_\_\_\_\_

# Kitchens \_\_\_\_\_ (above grade) / \_\_\_\_\_ (below grade/"basement") / Yr. Remodeled \_\_\_\_\_

Describe remodel: \_\_\_\_\_

# Full Baths (has a shower/tub) \_\_\_\_\_ (above grade) / \_\_\_\_\_ (below grade) / Yr. Remodeled \_\_\_\_\_

# Half Baths (NO shower/tub) \_\_\_\_\_ (above grade) / \_\_\_\_\_ (below grade) / Yr. Remodeled \_\_\_\_\_

Describe remodel: \_\_\_\_\_

# Lofts &/or Offices \_\_\_\_\_ (above grade) / \_\_\_\_\_ (below grade) / Yr. Remodeled \_\_\_\_\_

# Fireplaces: GAS \_\_\_\_\_ (above grade) / \_\_\_\_\_ (below grade) / Wood \_\_\_\_\_ (above grade) / \_\_\_\_\_ (below grade)

Are the fireplaces masonry or zero clearance (pre-manufactured)? \_\_\_\_\_

Basement: None/Slab\_\_\_\_\_ / Full\_\_\_\_\_ / Partial/Crawl\_\_\_\_\_ / Finished Area (square feet or dimensions & describe)

Finished Attic (square feet or dimensions & describe) \_\_\_\_\_

Heat Type: Hot Air\_\_\_\_\_ / Hot Water/Steam\_\_\_\_\_ / Radiant\_\_\_\_\_ / Electric\_\_\_\_\_ / None \_\_\_\_\_

Fuel Type: Gas\_\_\_\_\_ / Oil\_\_\_\_\_ / Wood\_\_\_\_\_ / Geothermal\_\_\_\_\_ / Propane\_\_\_\_\_ / None\_\_\_\_\_

Central Air Conditioning: Yes\_\_\_\_\_ No\_\_\_\_\_ / Generator: Yes\_\_\_\_\_ No\_\_\_\_\_ (# Kilowatts: \_\_\_\_\_)

Solar Panels: Yes\_\_\_ No\_\_\_ (# Kilowatts: \_\_\_\_\_)

Purchased Outright? Yes\_\_\_ No\_\_\_ If Not, Name of Solar Provider: \_\_\_\_\_

Public Utilities/Water Supply: Public\_\_\_ / Well\_\_\_ ~ ~ Sewer\_\_\_ / Septic\_\_\_ / Other: \_\_\_\_\_

**ADDITIONAL STRUCTURES/FEATURES:**

# Garage Bays: \_\_\_ / # Attached \_\_\_ / # Detached \_\_\_ ~ Driveway: Yes\_\_\_ No\_\_\_ / # Parking Spaces \_\_\_\_\_

Finished Area over Garage (indicated square feet or dimension & describe) \_\_\_\_\_

Unfinished Area over Garage (indicated square feet or dimension & describe) \_\_\_\_\_

# Deck(s) \_\_\_: Yr. Built \_\_\_\_\_; \_\_\_\_\_; Construction Materials \_\_\_\_\_

# Patio(s) \_\_\_: Yr. Built \_\_\_\_\_; \_\_\_\_\_; Construction Materials \_\_\_\_\_

# Porch(es) \_\_\_: Yr. Built \_\_\_\_\_; \_\_\_\_\_; Construction Materials \_\_\_\_\_

# Screen Porch(es): \_\_\_: Yr. Built \_\_\_\_\_; \_\_\_\_\_; Construction Materials \_\_\_\_\_

# Sun Room(s): \_\_\_: Yr. Built \_\_\_\_\_; \_\_\_\_\_; Construction Materials \_\_\_\_\_

Pool: Inground\_\_\_ (Gunite\_\_\_ or Concrete\_\_\_) / Above Ground\_\_\_ / Year Built: \_\_\_\_\_

Pool House/Cabana/Deck (pls circle): Yes\_\_\_ No\_\_\_ / Year Built \_\_\_\_\_ / Sq. Ft or Dimensions \_\_\_\_\_

Shed(s)/Gazebo(s) (pls circle): Year Built \_\_\_\_\_ / Sq. Ft or Dimensions \_\_\_\_\_

How many houses are on your property \_\_\_ / Is there an Apartment **anywhere** on premises? Yes\_\_\_ No\_\_\_

How many total apartments in total \_\_\_ Where located: \_\_\_\_\_

Is there a business on this property? Yes\_\_\_ No\_\_\_ If Yes, what is the nature of this business? \_\_\_\_\_

**SALE INFORMATION:** Please indicate any applicable conditions of the sale with a check mark:

\_\_\_ No Unusual Conditions of Sale \_\_\_ Purchased from a Government Agency or Lending Institution

\_\_\_ Purchased from a relative or friend (including former) ~ ~ Prior to purchase did you rent this property? Yes\_\_\_ No\_\_\_

\_\_\_ Purchase includes Personal Property. If yes, please indicate: \_\_\_\_\_

Approximate Total Value of these Personal Property items: \$ \_\_\_\_\_

Was there a Seller Concession? Yes\_\_\_ No\_\_\_ If Yes, what was the value of this concession? \$ \_\_\_\_\_

Please comment on any other circumstances affecting sale price: \_\_\_\_\_

**IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?** \_\_\_\_\_

X \_\_\_\_\_ / \_\_\_\_\_  
Property Owner Signature(s) Date Phone No.

Email(s): \_\_\_\_\_

**Please complete, sign and return to our office as soon as possible (assessor@townofryeny.com). Thank You.**

Sincerely,  
*Denise S. Knauer*  
Denise S. Knauer, IAO  
Assessor