



Mayor Mike Spano

CITY OF YONKERS

David B. Jackson, AAS, IAO, CCD
City Assessor

**DEPARTMENT OF ASSESSMENT
City Hall**

40 South Broadway
Room 100
Yonkers, NY 10701

Tel. 914.377.6200
Fax 914.377.6193

cityassessor@yonkersny.gov

City of Yonkers Board of Assessment Review Personal Hearing Request Form

Please check (✓) YES or NO to any of the following statements:

I have filed an RP-524 with the City of Yonkers Assessment Department.: YES NO

I have received an RP-552 from the City of Yonkers Assessment Department.: YES NO

I have received an RP-553 from the City of Yonkers Assessment Department.: YES NO

If you have answered yes, to any of the statements above, please provide or correct the following (Please Print):

Parcel ID _____

Owner's Name _____

Property Location _____

Telephone Number _____

E-Mail Address _____

Your will be contacted to schedule your personal hearing with the City of Yonkers Board of Assessment Review. For appeals filed from November 1st through November 15th you will typically be contacted in January. Do not leave this department without a completed, stamped copy of this form. Emailed or faxed submissions will be acknowledged by email.

NOTE:

Any supplemental/additional information to be added to an RP-524 (Administrative Assessment Appeal) filed from November 1st through November 15th of any year must be submitted for the City of Yonkers Board of Assessment Review's consideration on or before December 15th of any year.