

STATE OF NEW YORK)
COUNTY OF ALBANY) SS.:

On the 2nd day of April, 2020, before me, the undersigned, a notary public in and for the state, personally appeared Daniel C. Lynch, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity and that by his/her signature on the instrument, the individual, or the person upon whose behalf the individual acted, executed the instrument.

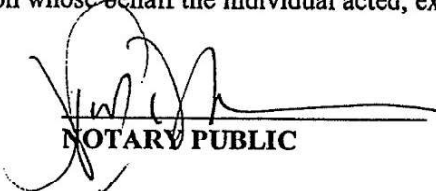


NOTARY PUBLIC EUGENIA K. CONDON
Notary Public, State of New York
No. 02CO4969817
Qualified in Albany County
Commission Expires July 23, 2022

STATE OF NEW YORK)
COUNTY OF Albany) SS.:

On the 14th day of April, 2020, before me, the undersigned, a notary public in and for the state, personally appeared Dana Brownson, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon whose behalf the individual acted, executed the instrument.

NICOLE A. MORANO
Notary Public – State of New York
No. 01MO5060617
Qualified in Rensselaer County
My Commission Expires 5/20/2022



NOTARY PUBLIC

RESOLUTION NO. 55**AUTHORIZING AN AGREEMENT WITH BRAWN MEDIA REGARDING
BRANDING AND PROMOTIONAL SERVICES FOR THE SHAKER PLACE
REHABILITATION AND NURSING CENTER**

Introduced: 2/10/20

By Audit and Finance Committee:

WHEREAS, The Albany County Contract Administration Board has previously authorized contract number 4317 for 2018 with DVG Media, Inc., d/b/a/ Brawn Media ("Brawn Media") in the amount of \$98,055 for a term commencing October 1, 2018 and ending December 31, 2020 regarding an integrated communications plan for marketing and branding services at the Shaker Place Rehabilitation and Nursing Center, formerly known as the Albany County Nursing Home, and

WHEREAS, The Executive Director of Shaker Place Rehabilitation and Nursing Center has requested authorization to amend the aforementioned agreement with Brawn Media in the amount of \$101,945 to reflect a total amount not to exceed \$200,000 rather than \$98,055, and

WHEREAS, The Executive Director has indicated that the amendment to the contract is necessary in order to complete the comprehensive program of branding related to the logo, website, social media footprint, and connected media outreach for Shaker Place Rehabilitation and Nursing Center, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to amend the aforementioned agreement with DVG Media, Inc., d/b/a/ Brawn Media ("Brawn Media") in the amount of \$101,945 to reflect a total amount not to exceed \$200,000 rather than \$98,055, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of the resolution the appropriate County Officials.

Adopted by unanimous vote - 2/10/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 10th day of February, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 12th day of February, 2020.

Nicole Chambers
Clerk, Albany County Legislature

Albany County

Department of **HUMAN RESOURCES**

Daniel P. McCoy, Albany County Executive

Jennifer Skelly Clement, Commissioner

MEMORANDUM

TO: Hon. Andrew Joyce, Chairman, Albany County Legislature

CC: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel

FROM: Jennifer Skelly Clement, Commissioner of Human Resources

DATE: 07/31/2020

RE: RLA: Budget Amendment for Unemployment Due to COVID-19

Attached please find the RLA to increase the 2020 budget appropriation of the Unemployment Insurance line CS9905 89050 10000 and decrease the Workers' Compensation line CS9904 89040 10000, by \$200,000. This will ensure adequate funding for the remainder of the 2020 budget year.

Amendment as follows:

Decrease CS9904 89040 10000	\$200,000
Increase CS9905 89050 10000	\$200,000

As you may know, the unemployment costs have dramatically increased as a result of the COVID-19 Pandemic. We are self-insured for the Albany County unemployment costs. It is notable that most additional claim costs are instances where Albany County is a secondary payer. These are claims reflective of a former employee having left county service for a different job where they have now found themselves unemployed.

Please feel free to contact me with any additional questions you may have.



Legislation Text

File #: TMP-1818, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Budget Amendment for Unemployment Due to COVID-19

Date: 7/31/2020
Submitted By: Jennifer Clement
Department: Human Resources
Title: Commissioner
Phone: 518-447-5690
Department Rep.
Attending Meeting: Jennifer Clement

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.: CS 9905 89050 10000
Source of Funds: CS 9904 89040 10000
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: NYSDOL

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: CS 9904 89040 10000
Appropriation Amount: \$200,000.00

Source of Funding - (Percentages)

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

Legislative action is requested to increase the 2020 budget appropriation of the Unemployment Insurance line CS9905 89050 10000 and decrease the Workers' Compensation line CS9904 89040 10000, by \$200,000. This will ensure adequate funding for the remainder of the 2020 budget year.

Amendment as follows:

Decrease CS9904 89040 10000 \$200,000
Increase CS9905 89050 10000 \$200,000

As you may know, the unemployment costs have dramatically increased as a result of the COVID-19 Pandemic. We are self-insured for the Albany County unemployment costs. It is notable that most additional claim costs are instances where Albany County is a secondary payer. These are claims reflective of a former employee having left county service for a different job where they have now found themselves unemployed.

Template

		APPROPRIATIONS			
ACCOUNT NO.		RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST
CS 9040	89040	Workers Compensation		200,000.00	
CS 9050	89050	Unemployment Insurance	200,000.00		
TOTAL APPROPRIATIONS			200,000.00	200,000.00	
		ESTIMATED REVENUES			
ACCOUNT NO.		RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST
TOTAL ESTIMATED REVENUES			0.00	0.00	
GRAND TOTALS			200,000.00	200,000.00	

DANIEL P. MCCOY
County Executive



WILLIAM CONNORS
Director
COLLEEN BRESLIN
Deputy Director

COUNTY OF ALBANY
PROBATION DEPARTMENT
60 SOUTH PEARL STREET
ALBANY, NEW YORK 12207
PHONE: (518) 487-5200
FAX: (518) 487-5204
www.albanycountyny.com

July 6, 2020

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

Re: Budget Transfer

Dear Chairman Joyce:

Enclosed is a request for Legislative Action for permission to transfer funds to meet the financial need for adequate numbers of GPS units which the Probation Department is mandated to provide to all Courts in Albany County under Bail Reform as the designated pretrial service agency for Albany County. Criminal Procedure 510.40, authorizes electronic monitoring to be ordered to assure a defendants return to Court.

It is respectfully requested this be considered. If you have any questions or need additional information, please do not hesitate to contact me directly at (518) 487-5194.

Sincerely,

William Connors
Probation Director

WC/km
Enc.

cc: Honorable Dennis Feeney, Majority Leader
Honorable Frank Mauriello, Minority Leader
Rebekah Kennedy, Esq., Majority Counsel
Arnis Zilgme, Esq., Minority Counsel



Legislation Text

File #: TMP-1807, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Probation Budget Transfer Request

Amending the 2020 Department of Probation Budget for GPS Tracking

Albany County Probation must provide electronic monitoring to Defendants released by Courts of Albany County under Bail Reform.

Date:	July 29, 2020
Submitted By:	William Connors
Department:	Probation Department
Title:	Probation Director
Phone:	518-487-5194
Department Rep.	
Attending Meeting:	William Connors

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.: A3140.44046
Source of Funds: Special Programs
Title Change: Budget Amendment for Bail Reform

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)

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: NYS Criminal Procedure Law 510.40

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: A3140.44049

Appropriation Amount: 62,987

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: 100

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 6 months

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

Impact on Pending LitigationYes ☐ 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)

The Albany County Probation Department is the designated Pre Trial Service Agency having been certified by The Office of Court Administration. This is specific to new laws in NYS which took effect 1.1.2020, regarding Bail Reform. Having been certified, it is mandated The Pre Trial Agency must provide Electronic monitoring to all courts of Albany County per New York State Criminal Procedure Law 510.40. Electronic monitoring may be ordered when Courts find no other realistic non-monetary condition will suffice to reasonably assure a defendants return to court. Additional funding is required to meet this new mandate.

IIID PROGRAM BUDGET AMENDMENT

APPROPRIATIONS					
ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A3140.44049	Special Programs		62,987.00		
A3140.44046	Fees for Services	62,987.00			PROBATION
	TOTAL APPROPRIATIONS	62,987.00	62,987.00		
ESTIMATED REVENUES					
ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
	TOTAL ESTIMATED REVENUES	0.00	0.00		
	GRAND TOTALS	62,987.00	62,987.00		

IIID PROGRAM BUDGET AMENDMENT

Criminal Procedure

§ 510.40 Court notification to principal of conditions of release and of alleged violations of conditions of release.

1. Upon ordering that a principal be released on the principal's own recognizance, or released under non-monetary conditions, or, if bail has been fixed, upon the posting of bail, the court must direct the principal to appear in the criminal action or proceeding involved whenever the principal's attendance may be required and to be at all times amenable to the orders and processes of the court. If such principal is in the custody of the sheriff or at liberty upon bail at the time of the order, the court must direct that the principal be discharged from such custody or, as the case may be, that the principal's bail be exonerated.

2. Upon the issuance of an order fixing bail, where authorized, and upon the posting thereof, the court must examine the bail to determine whether it complies with the order. If it does, the court must, in the absence of some factor or circumstance which in law requires or authorizes disapproval thereof, approve the bail and must issue a certificate of release, authorizing the principal to be at liberty, and, if the principal is in the custody of the sheriff at the time, directing the sheriff to discharge the principal therefrom. If the bail fixed is not posted, or is not approved after being posted, the court must order that the principal be committed to the custody of the sheriff. In the event of any such non-approval, the court shall explain promptly in writing the reasons therefor.

3. Non-monetary conditions of release shall be individualized and established in writing by the court. At future court appearances, the court shall consider a lessening of conditions or modification of conditions to a less burdensome form based on the principal's compliance with such conditions of release. In the event of alleged non-compliance with the conditions of release in an important respect, pursuant to this subdivision, additional conditions may be imposed by the court, on the record or in writing, only after notice of the facts and circumstances of such alleged non-compliance, reasonable under the circumstances, affording the principal and the principal's attorney and the people an opportunity to present relevant, admissible evidence, relevant witnesses and to cross-examine witnesses, and a finding by clear and convincing evidence that the principal violated a condition of release in an important respect. Following such a finding, in determining whether to impose additional conditions for non-compliance, the court shall consider and may select conditions consistent with the court's obligation to impose the least restrictive condition or conditions that will reasonably assure the defendant's return to court. The court shall explain on the record or in writing the reasons for its determination and for any changes to the conditions imposed.

4. (a) Electronic monitoring of a principal's location may be ordered only if the court finds, after notice, an opportunity to be heard and an individualized determination explained on the record or in writing, that the defendant qualifies for electronic monitoring in accordance with subdivision twenty-one of section 500.10 of this title, and no other realistic non-monetary condition or set of non-monetary conditions will suffice to reasonably assure a principal's return to court.

(b) The specific method of electronic monitoring of the principal's location must be approved by the court. It must be the least restrictive procedure and method that will reasonably assure the principal's return

to court, and unobtrusive to the greatest extent practicable.

(c) Electronic monitoring of the location of a principal may be conducted only by a public entity under the supervision and control of a county or municipality or a non-profit entity under contract to the county, municipality or the state. A county or municipality shall be authorized to enter into a contract with another county or municipality in the state to monitor principals under non-monetary conditions of release in its county, but counties, municipalities and the state shall not contract with any private for-profit entity for such purposes. Counties, municipalities and the state may contract with a private for-profit entity to supply electronic monitoring devices or other items, provided that any interaction with persons under electronic monitoring or the data produced by such monitoring shall be conducted solely by employees of a county, municipality, the state, or a non-profit entity under contract with such county, municipality or the state.

(d) Electronic monitoring of a principal's location may be for a maximum period of sixty days, and may be renewed for such period, after notice, an opportunity to be heard and a de novo, individualized determination in accordance with this subdivision, which shall be explained on the record or in writing.

A defendant subject to electronic location monitoring under this subdivision shall be considered held or confined in custody for purposes of section 180.80 of this chapter and shall be considered committed to the custody of the sheriff for purposes of section 170.70 of the chapter, as applicable.

5. If a principal is released under non-monetary conditions, the court shall, on the record and in an individualized written document provided to the principal, notify the principal, in plain language and a manner sufficiently clear and specific:

(a) of any conditions to which the principal is subject, to serve as a guide for the principal's conduct; and

(b) that the possible consequences for violation of such a condition may include revocation of the securing order and the ordering of a more restrictive securing order.

*State of New York
Unified Court System*



*Lawrence K. Marks
Chief Administrative Judge*

*25 Beaver Street
New York, N.Y. 10004
(212) 428-2100*

December 23, 2019

Mr. William Connors
Albany County Probation
60 South Pearl Street
Albany, New York 12207

Dear Mr. Connors:

Thank you for your application for certification of a pretrial services agency in your county. Upon review of your application, you are hereby granted provisional certification of your pretrial services agency. The certification is provisional because it has been determined that the proposed pretrial services agency would need additional support to fully implement an adequate pretrial services program in the county. Nevertheless, provisional certification will allow the county to provide, to the best of its current capability, some level of pretrial services as of January 1, 2020.

The Office of Court Administration recognizes that it may be difficult to predict the demand for pretrial services in any given county before implementation of the legislation on January 1, 2020. Therefore, should your program be able to provide comprehensive services to meet the needs of the courts at any time before the end of the provisional certification period, please update your application with additional information and we will reassess whether to grant full certification.

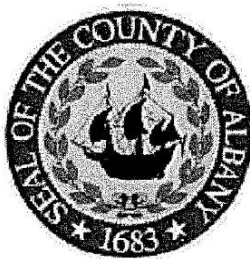
Provisional certification is valid for one year and will require the filing of a new application before the end of that period for the pretrial services agency to become fully certified or to extend provisional certification.

Sincerely,

RECEIVED

DEC 31 2019

ALBANY COUNTY
PROBATION DEPARTMENT



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

July 28, 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
86 Third Street, Albany, NY 12202

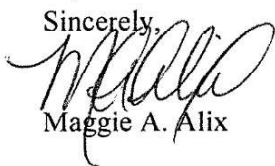
Dear Chairman Joyce,

Debra Perks of the City of Albany submitted an Application for Corrected Tax Roll.

The City of Albany Finance Department levied a trash fee upon the aforementioned property. The department inadvertently applied the trash fee to the 2019 property tax bill.

I recommend removing the \$585.35 trash fee from the 2019 property tax bill due to clerical error. The corrected tax amount is \$166.31.

Sincerely,



Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Minority Counsel



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1804, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to Correct Tax Roll - City of Albany

Date: July 28, 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 Tax Roll in the City of Albany

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)

Debra Perks of the City of Albany submitted an Application for Corrected Tax Roll.

The City of Albany Finance Department levied a trash fee upon the aforementioned property. The department inadvertently applied the trash fee to the 2019 property tax bill.

I recommend removing the \$585.35 trash fee from the 2019 property tax bill due to clerical error. The corrected tax amount is \$166.31.



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Corrected Tax Roll

RP-554
(12/19)

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

Names of owners DRAKELAND DAY CARE CENTER INC (JANICE PARKER)					
Mailing address of owners (number and street or PO box) 96 2ND ST			Location of property (street address) 86 THIRD ST		
City, village, or post office ALBANY		State NY	ZIP code 12210		City, town, or village ALBANY
		State NY			ZIP code 12202
Daytime contact number 518-378-0073		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.74-3-2	
Account number (as appears on tax bill) 10058			Amount of taxes currently billed 166.31		
Reasons for requesting a correction to tax roll: The levy for illegal trash should not have been on this tax bill. The amount turned over to Albany County was \$751.66. The corrected 2018 City of Albany Property Tax bill is \$166.31 2019					

I hereby request a correction of tax levied by Albany County for the year(s) 2018
(County, city, village, etc.)

Signature of applicant 	Date 7/22/2020
----------------------------	-------------------

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 7/22/2020	Period of warrant for collection of taxes 1/1/2019 - 12/31/2019
Last day for collection of taxes without interest 12/31/2019	Recommendation Approve application ☒ Deny application ☐
Signature of official 	Date 7/27/2020

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)

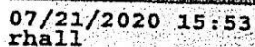
Application approved (mark an X in the applicable box):

Clerical error ☐ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed \$751.66	Corrected tax \$166.31
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
--	------



COUNTY OF ALBANY
Real Estate Tax Statement

Р 1
txtaxtm

PARCEL: 06507400030020000000

LOCATION: 86 THIRD ST

OWNER:

DRAKELAND DAY CARE CENTER
INC
96 2ND ST
ALBANY NY 12210

STATUS:

SQUARE FEET	0
LAND VALUATION	2,700
BUILDING VALUATION	0
EXEMPTIONS	0
TAXABLE VALUATION	2,700
INTEREST PER DIEM	165.37

LEGAL DESCRIPTION:

DEED DATE:

BOOK/PAGE:

INTEREST (DATE: 07/31/2020)

YEAR	TYPE	BILL
INST	CHARGE	

BILLED

PRIN DUE

ENT DUE

TOTAL DUE

2019	RE-1	7064				
1	ALBANY WAT	166.31	166.31	34.93	201.24	
	5 PERCENT	37.58	37.58	00	37.58	
	OTHER CHAR	585.35	585.35	122.92	708.27	
		789.24	789.24	157.85	947.09	

789.24	789.24	157.85	947.09
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GRAND TOTALS	789.24	789.24	157.85	947.09
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PARTIAL PAYMENTS ARE NOT ACCEPTED WITHOUT AN INSTALLMENT AGREEMENT. IF ANY PARCEL REMAINS SUBJECT TO ONE OR MORE DELINQUENT TAX LIENS, THE PAYMENT YOU HAVE MADE WILL NOT POSTPONE THE ENFORCEMENT OF THE OUTSTANDING LIEN OR LIENS. CONTINUED FAILURE TO PAY THE ENTIRE AMOUNT OWED WILL RESULT IN THE LOSS OF THE PROPERTY(IES). PAYMENT MADE TO:

ALBANY COUNTY DIVISION OF FINANCE
112 STATE ST. ROOM 1340
ALBANY, NY 12207
TEL 447-7082

\$35.00 WILL BE CHARGED FOR ANY RETURNED CHECK
INTEREST WILL INCREASE ON THE 1ST OF THE MONTH

Alix, Maggie

From: Debbie Perks <dperks@albanyny.gov>
Sent: Wednesday, July 22, 2020 3:04 PM
To: Alix, Maggie
Cc: Murray, Christina
Subject: FW: 86 Third street 2019 tax bill
Attachments: 86 Third st 2019.pdf; 876 third st 2019 corrected.pdf; 876 third st 2019 County bill.pdf; 876 third st 2019 app for corrected tax roll.pdf

Maggie, the last item is the App for Corrected Tax Roll. Thank you.

*Debra Perks CIA,CGAP,CRMA
 Assistant City Treasurer
 Albany, NY 12207
 (518) 434-5038
 dperks@albanyny.gov*

From: Debbie Perks
Sent: Wednesday, July 22, 2020 9:04 AM
To: Murray, Christina
Cc: Raina Tawil
Subject: 86 Third street 2019 tax bill

(The \$585.35 Illegal trash fee should be removed. This was put on the bill in error.)
 I cannot find the form to fill out to do this with the County, attached are the orig. 2019 tax bill and the corrected one as well as the invoice from the County that the person brought in.

*Debra Perks CIA,CGAP,CRMA
 Assistant City Treasurer
 Albany, NY 12207
 (518) 434-5038
 dperks@albanyny.gov*

Confidentiality Notice: This fax/e-mail transmission, with accompanying records, is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or privileged information belonging to the sender, including individually identifiable health information subject to the privacy and security provisions of HIPAA. This information may be protected by pertinent privilege(s), e.g., attorney-client, doctor-patient, HIPAA etc., which will be enforced to the fullest extent of the law. If you are not the intended recipient, you are hereby notified that any examination, analysis, disclosure, copying, dissemination, distribution, sharing, or use of the information in this transmission is strictly prohibited. If you have received this message and associated documents in error, please notify the sender immediately for instructions. If this message was received by e-mail, please delete the original message



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

July 28, 2020

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

Re: Application for Refund of Real Property Taxes – Town of Rensselaerville

Dear Chairman Joyce,

Peter Hotaling, Assessor for the Town of Rensselaerville, submitted multiple Applications for Refund of Real Property Taxes.

In preparing the 2020 assessment roll, Mr. Hotaling discovered errors in the computation of several veterans' exemptions; specifically the disability and Cold War veterans. An eligible veteran is entitled to an exemption based on 50% of their disability rating. The assessor is to enter the disability rating is into the assessment database, RPSV4. The database will do a systematic calculation. However, Mr. Hotaling's predecessors were entering the disability exemptions at 50%, which caused the database to take 50% off the reduced rating. The property owner's had not received their full benefit.

The Cold War veteran exemption values were not current in the town's RPSV4 system; therefore, the exemption was miscalculated. The property owner did not receive the full benefit.

The correction goes back three years (2020, 2019, and 2018) for each parcel. All the tax bills are paid; therefore, I recommend refunds according to the enclosed spreadsheet.

Sincerely,

Maggie A. Alix

CC: Dennis Feeny, Majority Leader
Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Minority Counsel



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1748, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization for Refund of Real Property Taxes - Town of Rensselaerville

Date: 07/29/2020
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)
of Rensselaerville

Authorization to refund property taxes on multiple parcels in the Town

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 LitigationYes ☐ 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 multiple Applications for Refund of Real Property Taxes.

In preparing the 2020 assessment roll, Mr. Hotaling discovered errors in the computation of several veterans' exemptions; specifically the disability and Cold War veterans. An eligible veteran is entitled to an exemption based on 50% of their disability rating. The assessor is to enter the disability rating is into the assessment database, RPSV4. The database will do a systematic calculation. However, Mr. Hotaling's predecessors were entering the disability exemptions at 50%, which caused the database to take 50% off the reduced rating. The property owner's had not received their full benefit.

The Cold War veteran exemption values were not current in the town's RPSV4 system; therefore, the exemption was miscalculated. The property owner did not receive the full benefit.

The correction goes back three years (2020, 2019, and 2018) for each parcel. All the tax bills are paid; therefore, I recommend refunds according to the enclosed spreadsheet.

Tax Year	Property Owner	Parcel ID	Tax Bill Address	Bill No.	Tax Paid	Corrected Amt.	Refund Amt.
2020	Hoffman	149.-1-7	351 Hale Rd., Rensselaerville, NY	757	\$741.64	\$720.96	\$20.68
2019				668	\$724.53	\$704.37	\$20.16
2018				758	\$712.04	\$692.19	\$19.85
2020	Martin	149.-1-22.1	949 Route 351, Rensselaerville, NY	1052	\$1,183.90	\$680.46	\$503.44
2019				684	\$1,157.85	\$652.96	\$504.89
2018				1051	\$987.09	\$554.34	\$432.75
2020	Gifford	160.-1-41	192 Roney Rd., Preston Hollow, NY	620	\$1,542.32	\$1,137.07	\$405.25
2019					\$1,487.47	\$1,179.54	\$307.93
2018					\$1,465.91	\$1,131.90	\$334.01
2020	Wood	160.-1-31	107 Pearson Rd., Preston Hollow, NY	1802	\$831.87	\$686.30	\$145.57
2019				824	\$810.73	\$668.78	\$141.95
2018				1799	\$796.69	\$656.92	\$139.77
2020	Bohler	135.-1-4.2	243 Gulf Rd, Middleburgh, NY	147	\$995.52	\$857.57	\$137.95
2019				164	\$973.02	\$838.50	\$134.52
2018				142	\$955.79	\$823.32	\$132.47
2020	Zimmerman	172.-1-14	394 Edwards Hill Rd., Oak Hill, NY	1827	\$2,376.82	\$2,085.87	\$290.95
2019				1236	\$2,321.51	\$2,041.04	\$280.47
2018				1829	\$2,293.31	\$2,012.42	\$280.89
2020	Demille	137.9-1-26	5019 Delaware Tpke, Rensselaerville, NY	413	\$1,783.84	\$1,736.04	\$47.80
2019				503	\$1,772.98	\$1,726.40	\$46.58
2018				417	\$1,741.81	\$1,695.94	\$45.87
2020	Kiley	182.-1-24	217 Fish Rd., Oak Hill, NY 12460	862	\$3,711.75	\$2,585.84	\$1,125.91
2019				1676	\$3,617.86	\$2,441.36	\$1,176.50
2018				862	\$3,556.73	\$2,350.49	\$1,206.24

•
•
•
•

Peter Hotaling./Sole Assessor
Town of Rensselaerville
87 Barger Rd
Medusa, NY 12120
assessors@rensselaerville.com

Town of Rensselaerville Assessor's Office

May15,2020

Director Maggie Alix
Albany County Real Property Tax Service
112 State Street Room 800
Albany, NY 12207

RE: Multiple Vet Disability Exemptions Refunds for years 2018, 2019,2020.

Dear Maggie,

The Comptroller's Office did an audit in 2019 and discovered that the BOA were discounting the Vet's Disability by 50% before entering them in RPS. This created a 25% exemption. I have corrected this error for 2020,

I feel these Veterans deserve a refund for the past 3 years on Town and County Taxes and 3 of the Vets also had the Exemption for Disability that live in the Greenville Central School District just for year 2019.

Please process these RP -556 refunds as a Clerical Error RPTL 550 (2) A(b), failure to grant a partial exemption. I have submitted the RP 556 forms and along with copies the previous year's Paid Tax Bills for the corresponding Taxing Units.

Yours truly


Peter Hotaling/Assessor

.....



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

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

Names of owners Raymond Hoffman			Location of property (street address) same		
Mailing address of owners (number and street or PO box) 351 Hale Rd			City, town, or village Rensselaerville		
State NY			ZIP code 12147		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 149.-1-7	
Account number (as appears on tax bill) 757		Amount of taxes paid or payable 741.64		Date of payment 1/30/20	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 1385.00 Corrected Amount 2770.00 Please process this RP- 556 refund.					

I hereby request a refund or credit of real property taxes levied by T/O Rensselaerville for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant <i>P. Holaty</i>	Date 5/15/20
--	-----------------

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 5/26/2020	Date warrant annexed 3/31/2020
Last day for collection of taxes without interest 1/31/2020	Recommendation Approve application* ☒ Deny application ☐
Signature of official <i>[Signature]</i>	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid 741.64	Amount of taxes due \$720.96	Amount of refund or credit \$20.68
--------------------------------	---------------------------------	---------------------------------------

Application denied (reason):

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

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

194

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	
				444		000757		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 149.-1-7
 DIMENSION: 7.10 acres
 RS: 1 CLASS: Mfg housing
 ADDRESS: 351 Hale Rd
 SCHOOL: Greenville Central
 FULL MARKET VALUE: 97193.00
 UNIFORM % OF VALUE: 57.00
 ASSESSMENT: 55400

PROPERTY OWNER:

Hoffman Raymond L
 351 Hale Rd
 Rensselaerville, NY 12147

Exemption	Value	Full Value	Tax Purpose
VET WAR CT	8310.00	14579.000	C/T
VET DIS CT	1385.00	2430.000	C/T

2770 → 41170

RECEIPT

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	44,320 45705.00	127.51 131.56
HIGHWAY 1	479861	-14.5000	3.52348400	44,320 45705.00	156.16 161.04
HIGHWAY 2,3,4	315622	45.1000	2.31752300	44,320 45705.00	103.71 105.92
COUNTY	832707	4.1000	6.21113700	44,320 45705.00	275.28 283.88
RENSSELAERVILLE FIRE	62202	1.1000	1.06928000	55400.00	59.24
TOTAL TAXES DUE BY JANUARY 31, 2020:					\$741.64

PAYMENTS RECEIVED

Receipt#: 1142 Date Paid: 01/30/2020 Full Payment \$720.96

Tax: 741.64 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00

Cash: 0.00 Check: 741.64 Check #: 29269

Received from Credit Human FCU - Lereta - Via Mail: \$741.64

TOTAL TAXES PAID TO DATE:	\$741.64	PAID IN FULL
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Application for Refund or Credit of Real Property Taxes

RP-556

(12/19)

195

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

Names of owners Raymond Hoffman					
Mailing address of owners (number and street or PO box) 351 Hale Rd			Location of property (street address) same		
City, village, or post office Rensselaerville		State NY	ZIP code 12147		City, town, or village State ZIP code
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 149.-1-7	
Account number (as appears on tax bill) 444		Amount of taxes paid or payable 724.53		Date of payment 1/31/19	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 1385.00 Corrected Amount 2770.00 Please process this RP- 556 refund.					

I hereby request a refund or credit of real property taxes levied by T/O Rensselaerville for the year(s) 2019.
(County, city, village, etc.)

Signature of applicant

Date

5/15/20

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 5/26/2020	Date warrant annexed 3/31/2019
Last day for collection of taxes without interest 1/31/2019	Recommendation Approve application* ☒ Deny application ☐
Signature of official M. Addeo	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid

\$ 724.53

Amount of taxes due

\$ 704.37

Amount of refund or credit

\$ 20.16

Application denied (reason):

Signature of chief executive officer or official designated by resolution

Date

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

196

FISCAL YEAR: 01/01/2019 to 12/31/2019		WARRANT DATE: 12/31/2018		STATE AID - COUNTY: \$90,121,595.00		TOWN: \$0.00			
MAKE CHECK PAYABLE TO:				BANK		BILL NUMBER		PAGE	
				444		000668		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 149.-1-7
 DIMENSION: 7.10 acres
 RS: 1 CLASS: Mfg housing
 ADDRESS: 351 Hale Rd
 SCHOOL: Greenville Central
 FULL MARKET VALUE: 92333.00
 UNIFORM % OF VALUE: 60.00
 ASSESSMENT: 55400

PROPERTY OWNER:

Hoffman Raymond L
 351 Hale Rd
 Rensselaerville, NY 12147

Exemption	Value	Full Value	Tax Purpose
VET WAR CT	8310.00	13850.000	C/T
VET DIS CT	1385.00	2308.000	C/T

2770

RECEIPT

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
COUNTY PURPOSES	799824	1.4000	6.02283600	44,320 45705.00	2666.93 275.27
TOWN	373158	2.3000	2.76574200	44,320 45705.00	122.58 126.41
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	44,320 45705.00	71.45 73.68
HIGHWAY 1	561029	3.6000	4.15818800	44,320 45705.00	184.29 190.05
RENSSELAERVILLE FIRE	61500	4.8000	1.06722800	55400.00	59.12

TOTAL TAXES DUE BY JANUARY 31, 2019: \$724.53

PAYMENTS RECEIVED

Receipt#: 1349 Date Paid: 01/31/2019 Full Payment
 Tax: 724.53 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00 \$704.37
 Cash: 0.00 Check: 724.53 Check #: 23746

Received from Credit Human FCU Mortgage - Via Mail: \$724.53

TOTAL TAXES PAID TO DATE: \$724.53

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

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

Names of owners Raymond Hoffman			Location of property (street address) same		
Mailing address of owners (number and street or PO box) 351 Hale Rd			City, town, or village Rensselaerville		
State NY			ZIP code 12147		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 149.-1-7	
Account number (as appears on tax bill) 19		Amount of taxes paid or payable 712.04		Date of payment 1/31/18	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 1385.00 Corrected Amount 2770.00 Please process this RP- 556 refund.					

I hereby request a refund or credit of real property taxes levied by T/O Rensselaerville for the year(s) 2018.
(County, city, village, etc.)

Signature of applicant 	Date 5/15/20
----------------------------	-----------------

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 5/26/2020	Date warrant annexed 3/31/2018
Last day for collection of taxes without interest 11/31/2018	Recommendation Approve application* ☒ Deny application ☐
Signature of official 	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid 712.04	Amount of taxes due \$692.19	Amount of refund or credit \$19.85
--------------------------------	---------------------------------	---------------------------------------

Application denied (reason):

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

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

198

FISCAL YEAR: 01/01/2018 to 12/31/2018		WARRANT DATE: 12/30/2017		STATE AID - COUNTY: \$73,498,642.00		TOWN: \$0.00			
MAKE CHECK PAYABLE TO:				BANK		BILL NUMBER		PAGE	
				19		000758		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 149.-1-7
 DIMENSION: 7.10 acres
 RS: 1 CLASS: Mfg housing
 ADDRESS: 351 Hale Rd
 SCHOOL: Greenville Central
 FULL MARKET VALUE: 89572.00
 UNIFORM % OF VALUE: 61.85
 ASSESSMENT: 55400

PROPERTY OWNER:

Hoffman Raymond L
 351 Hale Rd
 Rensselaerville, NY 12147

Exemption	Value	Full Value	Tax Purpose
VET WAR CT	8310.00	13436.000	C/T
VET DIS CT	1385.00	2239.000	C/T

2770

RECEIPT

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
COUNTY PURPOSES	788871	-5.7000	5.98233700	44,320 45705.00	265.14 273.42
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	44,320 45705.00	191.06 197.03
HIGHWAY 1	541611	37.7000	4.04219400	44,320 45705.00	179.15 184.75
RENSSELAERVILLE FIRE	58700	0.1000	1.02599400	44,320 55400.00	56.84

TOTAL TAXES DUE BY JANUARY 31, 2018: \$712.04

PAYMENTS RECEIVED

Receipt#: 1435 Date Paid: 01/31/2018 Full Payment

Tax: 712.04	Penalty: 0.00	Surcharge: 0.00	Notice Fee: 0.00	Ret. Check Fee: 0.00	
Cash: 0.00	Check: 712.04	Check #: 18546			

Received from Leretta Credit Human FCU Mtg - Via Mail: \$712.04

\$692.19

TOTAL TAXES PAID TO DATE: \$712.04

PAID IN FULL



APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

(General information and instructions for completing this form are contained in Form EA-458-a-INS)

Raymond L. Hoffman

1. Name and phone no. of owner(s)

239-6913

2. Mailing address of owner(s)

RD #1 Box 57 Hale Road
Rensselaerville, N.Y. 12147

3. Location of property

Hale Road

Street address

Rensselaerville

City/Town

Village (if any)

Albany

County

Greenville

Parcel identification no. (see tax bill or assessment roll)

149-1-7

School district

4. Is the owner a veteran who served in the active military, naval or air service of the United States? ☒ Yes ___ No

If No, indicate the relationship of the owner to veteran who rendered such service: _____

If Yes, is the veteran also the unremarried surviving spouse of a veteran? ___ Yes ___ No

5. Indicate branch of veteran's service and dates of active service: Army

(Attach written evidence)

6. Was the veteran discharged or released from the active service under honorable conditions? ☒ Yes ___ No

(Attach written evidence)

7. Did the veteran serve in a combat zone or combat theater? ___ Yes ___ No

If Yes, where did the veteran serve and when was such service performed? _____

(Attach written evidence)

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veterans' Administration or from the United States Department of Defense as a result of a service connected disability?

☒ Yes ___ No

If Yes, what is (was) the veteran's compensation rating? 10% (Attach written evidence showing the date such rate was established)

Is this rating permanent? ☒ Yes ___ No

If No, did the veteran die in service of a service connected disability? ___ Yes ___ No (Attach written evidence)

9. Is this property the primary residence of the veteran or unremarried spouse of the veteran? ☒ Yes ___ No

If No, is the veteran or unremarried surviving spouse of the veteran the owner of the property and absent from the property due to medical reasons or institutionalization? ___ Yes ___ No Explain: _____

10. Is the property used exclusively for residential purposes? ☒ Yes ___ No

If No, describe the non-residential use of this property and state what portion is so used. _____



**Department of
Veterans Affairs**

245 W HOUSTON ST
NEW YORK NY 10014

RECEIVED FEB 12 2015
kn

December 23, 2014

Veteran's Name:
Hoffman, Raymond, Lee

RAYMOND L HOFFMAN
351 HALE RD
RENSSELAERVILLE NY 12147

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is:

You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Army, Unconfirmed, 22-May-1969 - 12-May-1971

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 10 PERCENT

The effective date of the last change to your current award was: 01-DEC-2014

Your current monthly award amount is: \$133.17

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

J. CORRETJER
VETERANS SERVICE CENTER MANAGER

Department of Taxation and Finance
Office of Real Property Tax Services

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

202

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	
				1010		001052		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 149.-1-22.1

DIMENSION: 25.49 acres
RS: 1 CLASS: 1 Family Res
ADDRESS: 949 CR 351
SCHOOL: Greenville Central

FULL MARKET VALUE: 243368.00
UNIFORM % OF VALUE: 57.00
ASSESSMENT: 138720

PROPERTY OWNER:

Martin, Jr. Thomas P.
Martin Rochelle L.
949 Route 351
Rensselaerville, NY 12147

Exemption	Value	Full Value	Tax Purpose
VET COM CT	34680.00	60842.000	C/T
VET DIS CT	34680.00	60842.000	C/T
	68,400		

? ~~VET DIS~~

RECEIPT

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	35,640	102.59
HIGHWAY 1	479861	-14.5000	3.52348400	69360.00	125.58
HIGHWAY 2,3,4	315622	45.1000	2.31752300	69360.00	82.60
COUNTY	832707	4.1000	6.21113700	69360.00	221.36
RENSSELAERVILLE FIRE	62202	1.1000	1.06928000	138720.00	148.33
TOTAL TAXES DUE BY JANUARY 31, 2020:					\$1183.90

PAYMENTS RECEIVED

Receipt#: 1229 Date Paid: 01/31/2020 Full Payment - Bank Payment
 Tax: 1183.90 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00 \$ 680.46
 Cash: 0.00 Check: 1183.90 Check #: 960846587
 Received from FIRST AMERICAN - M&T BANK - Via Mail: \$1183.90

TOTAL TAXES PAID TO DATE: \$1183.90

PAID IN FULL

Signature of chief executive officer or official designated by resolution	Date
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TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

204

FISCAL YEAR: 01/01/2019 to 12/31/2019	WARRANT DATE: 12/31/2018	STATE AID - COUNTY: \$90,121,595.00	TOWN: \$0.00
MAKE CHECK PAYABLE TO:		BANK	BILL NUMBER
		1010	000684
		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 149.-1-22.1

DIMENSION: 25.49 acres
 RS: 1 CLASS: 1 Family Res
 ADDRESS: 949 CR 351
 SCHOOL: Greenville Central
 FULL MARKET VALUE: 231200.00
 UNIFORM % OF VALUE: 60.00
 ASSESSMENT: 138720

PROPERTY OWNER:

Martin, Jr. Thomas P.
 Martin Rochelle L.
 949 Route 351
 Rensselaerville, NY 12147

Exemption	Value	Full Value	Tax Purpose
VET COM CT	34680.00	57800.000	C/T
VET DIS CT	34680.00	57800.000	C/T

69360

RECEIPT

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
COUNTY PURPOSES	799824	1.4000	6.02283600	34,680 69360.00	208.37 417.74
TOWN	373158	2.3000	2.76574200	34,680 69360.00	95.92 191.83
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	34,680 69360.00	55.91 111.82
HIGHWAY 1	561029	3.6000	4.15818800	34,680 69360.00	144.21 288.41
RENSSELAERVILLE FIRE	61500	4.8000	1.06722800	138720.00	148.05

TOTAL TAXES DUE BY JANUARY 31, 2019: \$1157.85

PAYMENTS RECEIVED

Receipt#: 1140 Date Paid: 01/31/2019 Full Payment - Bank Payment
 Tax: 1157.85 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00
 Cash: 0.00 Check: 1157.85 Check #:

Received from FIRST AMERICAN - M&T BANK - Via Mail: \$1157.85

TOTAL TAXES PAID TO DATE: \$1157.85

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

205

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

Names of owners Thomas & Rochelle Martin, Jr.					
Mailing address of owners (number and street or PO box) 949 Route 351			Location of property (street address)		
City, village, or post office Rensselaerville		State NY	ZIP code 12147		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 149.-1-22.1	
Account number (as appears on tax bill) 1051		Amount of taxes paid or payable 987.09		Date of payment 01-31-2018	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 30,118.00 corrected amount 60,400.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2018.
(County, city, village, etc.)

Signature of applicant 	Date 5/18/20
----------------------------	------------------------

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 5/26/2020	Date warrant annexed 3/31/2018
Last day for collection of taxes without interest 1/31/2018	Recommendation Approve application* ☒ Deny application ☐
Signature of official 	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid 987.09	Amount of taxes due 554.34	Amount of refund or credit \$432.75
---------------------------------------	--------------------------------------	---

Application denied (reason):

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

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

206

FISCAL YEAR: 01/01/2018 to 12/31/2018	WARRANT DATE: 12/30/2017	STATE AID - COUNTY: \$73,498,642.00	TOWN: \$0.00
MAKE CHECK PAYABLE TO:		BANK	BILL NUMBER
		1010	001051
		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 149.-1-22.1

DIMENSION: 5.01 acres
 RS: 1 CLASS: 1 Family Res
 ADDRESS: 949 CR 351
 SCHOOL: Greenville Central
 FULL MARKET VALUE: 194778.00
 UNIFORM % OF VALUE: 61.85
 ASSESSMENT: 120470

PROPERTY OWNER:

Martin, Jr. Thomas P.
 Martin Rochelle L.
 949 Route 351
 Rensselaerville, NY 12147

Exemption	Value	Full Value	Tax Purpose
VET COM CT	30118.00	48695.000	C/T
VET DIS CT	60,400	30118.00	48695.000
	60,235		

RECEIPT

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
COUNTY PURPOSES	788871	-5.7000	5.98233700	30,117 60234.00	180.17 360.34
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	30,117 60234.00	129.83 259.67
HIGHWAY 1	541611	37.7000	4.04219400	30,117 60234.00	121.74 243.48
RENSSELAERVILLE FIRE	58700	0.1000	1.02599400	120470.00	123.60

TOTAL TAXES DUE BY JANUARY 31, 2018: \$987.09

PAYMENTS RECEIVED

Receipt#: 1181 Date Paid: 01/31/2018 Full Payment - Bank Payment

Tax: 987.09 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00

Cash: 0.00 Check: 987.09 Check #:

\$ 555.34

Received from FIRST AMERICAN - M&T BANK - Via Mail: \$987.09

TOTAL TAXES PAID TO DATE: \$987.09

PAID IN FULL



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Alternative Veterans Exemption from Real Property Taxation

RP-458-a
(1/16)

See instructions, Form RP-458-a-I, for assistance in completing this form.

1. Name(s) of owner(s) <u>Thomas & Rochelle Martin</u> ENTERED			
2. Mailing address of owner(s) (number and street or PO box) <u>949 CO RT 351</u>		3. Location of property (street address) <u>949 CO RT 351</u>	
City, village, or post office <u>Rensselaerville</u>	State <u>NY</u>	City, town, or village <u>Rensselaerville</u>	State <u>NY</u>
ZIP code <u>12147</u>	ZIP code <u>12147</u>	Date of purchase of real property	
Daytime contact number <u>808-895-8497</u>		Evening contact number <u>SAME</u>	
E-mail address <u>rochelle.martin@outlook.com</u>		Tax map number of section/block/lot: Property Identification (see tax bill or assessment roll) <u>149-1-22.1</u>	
Name(s) of any non-owner spouse(s) <u>N/A</u>			
Address(es) of primary residence(s) if different from above: <u>N/A</u>			

4. Is the owner a veteran who served in the active military, naval, or air service of the United States? Yes ☒ No ☐

If No, indicate the relationship of the owner to veteran who rendered such service: _____

If Yes, is the veteran also the unmarried surviving spouse of a veteran? Yes ☐ No ☒

5. Indicate branch of veteran's service and dates of active service: USAF 7/3/1991 - 7/31/2013

If Yes, attach written evidence.

6. Was the veteran discharged or released from the active service under honorable conditions? Yes ☒ No ☐

Attach written evidence.

* 7. Did the veteran serve in a combat zone or combat theater? Yes ☒ No ☐

If Yes, where did the veteran serve and when was such service performed? _____

Attach written evidence.

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? Yes ☒ No ☐

If Yes, what is (was) the veteran's compensation rating? 100%

Attach written evidence showing the date such rate was established.

Mark an X in the box if the rating is permanent: ☒

If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime; if Yes, attach written evidence Yes ☐ No ☐

9. Is the property the primary residence of the veteran, unmarried surviving spouse of the veteran, or Gold Star parent? Yes ☒ No ☐

If No, is the veteran, unmarried surviving spouse of the veteran, or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? Yes ☐ No ☒

Explain: _____

1/20/16

Letter



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

November 08, 2016

Thomas Paul Martin
 949 County Route 351
 Rensselaerville, NY 12147

In Reply Refer to:

27/eBenefits

Dear Mr. Martin:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is:

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Air Force	Honorable	July 03, 1991	May 23, 2001
Air Force	Honorable	May 24, 2001	July 31, 2013

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:	Yes
Your combined service-connected evaluation is:	100%
Your current monthly award amount is:	[REDACTED]
The effective date of the last change to your current award was:	November 01, 2016
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at



Application for Refund or Credit of Real Property Taxes

RP-556

(12/19)

209

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

Names of owners Lynn & Gail Gifford		
Mailing address of owners (number and street or PO box) 192 Roney Rd		Location of property (street address)
City, village, or post office Preston Hollow	State NY	ZIP code 12469
Daytime contact number	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 160.-1-41
Account number (as appears on tax bill) 620	Amount of taxes paid or payable 1,542.30	Date of payment 01-29-2020
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 22,245.00 corrected amount 44,490.00. Please process this RP-556 Refund		

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant 	Date <u>5/19/20</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>5/20/2020</u>	Date warrant annexed <u>3/31/2020</u>
Last day for collection of taxes without interest <u>11/31/2020</u>	Recommendation Approve application* ☒ Deny application ☐
Signature of official 	Date <u>6/30/2020</u>

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid <u>1,542.32</u>	Amount of taxes due \$ <u>1,137.07</u>	Amount of refund or credit \$ <u>405.25</u>
---	--	---

Application denied (reason):

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

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

210

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
			000620
			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 160.-1-41

DIMENSION: 9.70 acres

RS: 1 CLASS: 1 Family Res

ADDRESS: 192 Roney Rd

SCHOOL: Middleburgh Central

FULL MARKET VALUE: 260175.00

UNIFORM % OF VALUE: 57.00

ASSESSMENT: 148300

PROPERTY OWNER:

Gifford Lynn
 Gifford Gail
 192 Roney Rd
 Preston Hollow, NY 12469

Exemption	Value	Full Value	Tax Purpose
VET COM CT	34,200	36000.00	63158.000 C/T
VET DIS CT	44,490	22245.00	39026.000 C/T

RECEIPT

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	69,610 90055.00	200.36 259.21
HIGHWAY 1	479861	-14.5000	3.52348400	90055.00	345.37 317.31
HIGHWAY 2,3,4	315622	45.1000	2.31752300	90055.00	161.32 208.70
COUNTY	832707	4.1000	6.21113700	90055.00	432.36 559.34
PRESTON HOLLOW FIRE	63182	3.6000	1.33350800	148300.00	197.76

TOTAL TAXES DUE BY JANUARY 31, 2020: \$1542.32

PAYMENTS RECEIVED

Receipt#: 1066 Date Paid: 01/29/2020 Full Payment \$ 1,137.07

Tax: 1542.32 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00

Cash: 0.00 Check: 1542.32 Check #: 7146

Received from Gifford Lynn / Gail - Via Mail: \$1542.32

TOTAL TAXES PAID TO DATE: \$1542.32

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

211

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

Names of owners Lynn & Gail Gifford		
Mailing address of owners (number and street or PO box) 192 Roney Rd		Location of property (street address)
City, village, or post office Preston Hollow	State NY	ZIP code 12469
Daytime contact number	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 160.-1-41
Account number (as appears on tax bill) 834	Amount of taxes paid or payable 1,487.47	Date of payment 01-30-2019
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 22,245.00 corrected amount 44,490.00. Please process this RP-556 Refund		

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2019.
(County, city, village, etc.)

Signature of applicant

Date

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 5/26/2020	Date warrant annexed 3/31/2019
Last day for collection of taxes without interest 1/31/2019	Recommendation Approve application* ☒ Deny application ☐
Signature of official <i>[Signature]</i>	Date 6/30/2020

* If this application is approved and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid

1,487.47

Amount of taxes due

1,179.54

Amount of refund or credit

\$ 307.93

Application denied (reason):

Signature of chief executive officer or official designated by resolution

Date

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

FISCAL YEAR: 01/01/2019 to 12/31/2019

WARRANT DATE: 12/31/2018

STATE AID - COUNTY: \$90,121,595.00

TOWN: \$0.00

212

MAKE CHECK PAYABLE TO:

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 160.-1-41

DIMENSION: 9.70 acres

RS: 1 CLASS: 1 Family Res

ADDRESS: 192 Roney Rd

SCHOOL: Middleburgh Central

FULL MARKET VALUE: 247167.00

UNIFORM % OF VALUE: 60.00

ASSESSMENT: 148300

PROPERTY OWNER:

Gifford Lynn
Gifford Gail
192 Roney Rd
Preston Hollow, NY 12469

Exemption	Value	Full Value	Tax Purpose
VET COM CT	36,000	37075.00	61792.000 C/T
VET DIS CT	44,470	22245.00	37075.000 C/T

RECEIPT

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
COUNTY PURPOSES	799824	1.4000	6.02283600	67,830	408.53
TOWN	373158	2.3000	2.76574200		187.60
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500		109.35
HIGHWAY 1	561029	3.6000	4.15818800		282.05
PRESTON HOLLOW FIRE	61000	3.9000	1.29476000		192.01

TOTAL TAXES DUE BY JANUARY 31, 2019:

\$1487.47

PAYMENTS RECEIVED

Receipt#: 991

Date Paid: 01/30/2019

Full Payment

Tax: 1487.47

Penalty: 0.00

Surcharge: 0.00

Notice Fee: 0.00

Ret. Check Fee: 0.00

Cash: 0.00

Check: 1487.47

Check #: 7088

\$1,179.54

Received from Gifford Lynn & Gail - Via Mail: \$1487.47

TOTAL TAXES PAID TO DATE: \$1487.47

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

213

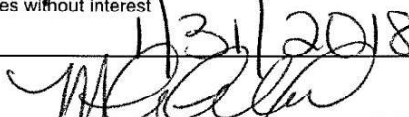
Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Lynn & Gail Gifford					
Mailing address of owners (number and street or PO box) 192 Roney Rd			Location of property (street address)		
City, village, or post office Preston Hollow		State NY	ZIP code 12469		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 160.-1-41	
Account number (as appears on tax bill) 629		Amount of taxes paid or payable 1,465.91		Date of payment 01-31-2018	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 22,035.00 corrected amount 44,070.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2018.
(County, city, village, etc.)

Signature of applicant 	Date 5/19/20
---	------------------------

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 5/26/2020	Date warrant annexed 3/31/2018
Last day for collection of taxes without interest 1/31/2018	Recommendation Approve application ☒ Deny application ☐
Signature of official 	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid \$ 1,465.91	Amount of taxes due \$ 1,131.90	Amount of refund or credit \$ 334.01
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Application denied (reason): _____ _____

Signature of chief executive officer or official designated by resolution	Date
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TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

214

FISCAL YEAR: 01/01/2018 to 12/31/2018

WARRANT DATE: 12/30/2017

STATE AID - COUNTY: \$73,498,642.00

TOWN: \$0.00

MAKE CHECK PAYABLE TO:

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 160.-1-41

DIMENSION: 9.70 acres

RS: 1 CLASS: 1 Family Res

ADDRESS: 192 Roney Rd

SCHOOL: Middleburgh Central

FULL MARKET VALUE: 237510.00

UNIFORM % OF VALUE: 61.85

ASSESSMENT: 146900

PROPERTY OWNER:

Gifford Lynn
Gifford Gail
192 Roney Rd
Preston Hollow, NY 12469

Exemption	Value	Full Value	Tax Purpose
VET COM CT	36,725	35460.00	57332.000 C/T
VET DIS CT	44,070	22035.00	35627.000 C/T

RECEIPT

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
COUNTY PURPOSES	788871	-5.7000	5.98233700	66,105 89405.00	395.46 534.85
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	66,105 89405.00	284.98 385.42
HIGHWAY 1	541611	37.7000	4.04219400	66,105 89405.00	267.21 361.39
PRESTON HOLLOW FIRE	58700	0.1000	1.25425600	146900.00	184.25

TOTAL TAXES DUE BY JANUARY 31, 2018:

\$1465.91

PAYMENTS RECEIVED

Receipt#: 1113

Date Paid: 01/31/2018

Full Payment

Tax: 1465.91

Penalty: 0.00

Surcharge: 0.00

Notice Fee: 0.00

Ret. Check Fee: 0.00

1,131.90

Cash: 0.00

Check: 1465.91

Check #: 7015

Received from Gifford Lynn / Gail - Via Mail: \$1465.91

TOTAL TAXES PAID TO DATE: \$1465.91

PAID IN FULL



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Alternative Veterans Exemption from Real Property Taxation

RP-458-a
(1/16)

ENTERED
4/18/17

See instructions, Form RP-458-a-I, for assistance in completing this form.

1. Name(s) of owner(s) <u>Lynda + Gail Gifford</u>		
2. Mailing address of owner(s) (number and street or PO box) <u>192 Rowley Rd.</u>		3. Location of property (street address) <u>192 Rowley Rd</u>
City, village, or post office <u>PRESTON Hollow</u>	State <u>N.Y.</u>	ZIP code <u>12469</u>
Daytime contact number <u>518-239-6296</u>	Evening contact number <u>same</u>	Date of purchase of real property <u>July 22, 1916</u>
E-mail address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) <u>160-1-41</u>
Name(s) of any non-owner spouse(s)		
Address(es) of primary residence(s) if different from above:		

4. Is the owner a veteran who served in the active military, naval, or air service of the United States? Yes ☒ No ☐

If No, indicate the relationship of the owner to veteran who rendered such service: _____

If Yes, is the veteran also the unmarried surviving spouse of a veteran? Yes ☐ No ☐

5. Indicate branch of veteran's service and dates of active service: ARMY March 22, 1968 March 19, 1971
If Yes, attach written evidence.

6. Was the veteran discharged or released from the active service under honorable conditions? Yes ☒ No ☐
Attach written evidence.

7. Did the veteran serve in a combat zone or combat theater? Yes ☒ No ☐
If Yes, where did the veteran serve and when was such service performed? VIETNAM 1969-1970
Attach written evidence.

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? Yes ☒ No ☐

If Yes, what is (was) the veteran's compensation rating? 60%

Attach written evidence showing the date such rate was established.

Mark an X in the box if the rating is permanent: ☒

If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime; if Yes, attach written evidence Yes ☐ No ☒

9. Is the property the primary residence of the veteran unmarried surviving spouse of the veteran, or Gold Star parent? Yes ☒ No ☐

If No, is the veteran, unmarried surviving spouse of the veteran, or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? Yes ☐ No ☐

Explain: _____



**Department of
Veterans Affairs**

245 W HOUSTON ST
NEW YORK NY 10014

December 23, 2015

Veteran's Name:
Gifford, Lynn, G

LYNN G GIFFORD
PO BOX 52
6 PELSINN CT
SEVERANCE NY 12872

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: 26 853 667
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:
Army, Honorable, 22-Mar-1968 - 19-Mar-1971
(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes
Your combined service-connected evaluation is: 60 PERCENT
The effective date of the last change to your current award was: 01-DEC-2014
Your current monthly award amount is: \$1,156.09

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

Regional Office Director



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

217

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

Names of owners Stephen & Barbara Wood		
Mailing address of owners (number and street or PO box) 107 Pearson Rd		Location of property (street address)
City, village, or post office Preston Hollow	State NY	ZIP code 12469
Daytime contact number	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 160.-1-31
Account number (as appears on tax bill) 1802	Amount of taxes paid or payable 831.87	Date of payment 01-31-2020
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 9,750.00 corrected amount 19,500.00. Please process this RP-556 Refund		

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant 	Date 5/14/20
----------------------------	------------------------

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 5/26/2020	Date warrant annexed 3/31/2020
Last day for collection of taxes without interest 1/31/2020	Recommendation Approve application* ☒ Deny application ☐
Signature of official 	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid 831.87	Amount of taxes due \$686.30	Amount of refund or credit \$145.57
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Application denied (reason): _____ _____

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

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

218

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
		06	001802
			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 160.-1-31

DIMENSION: 1.30 acres

RS: 1 CLASS: 1 Family Res

ADDRESS: 107 Pearson Rd

SCHOOL: Middleburgh Central

FULL MARKET VALUE: 136842.00

UNIFORM % OF VALUE: 57.00

ASSESSMENT: 78000

PROPERTY OWNER:

Wood Stephen W
 Wood Barbara J
 107 Pearson Rd
 Preston Hollow, NY 12469

Exemption	Value	Full Value	Tax Purpose
VET COM CT	19500.00	34211.000	C/T
VET DIS CT	19500	9750.00	17105.000 C/T

RECEIPT

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	39,000 48750.00	112.26 140.32
HIGHWAY 1	479861	-14.5000	3.52348400	39,000 48750.00	137.42 171.77
HIGHWAY 2,3,4	315622	45.1000	2.31752300	39,000 48750.00	90.38 112.98
COUNTY	832707	4.1000	6.21113700	39,000 48750.00	242.23 302.79
PRESTON HOLLOW FIRE	63182	3.6000	1.33350800	78000.00	104.01

TOTAL TAXES DUE BY JANUARY 31, 2020: \$831.87

PAYMENTS RECEIVED

Receipt#: 1352 Date Paid: 01/31/2020 Full Payment - Multi-Payment \$ 686.30
 Tax: 831.87 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00
 Cash: 0.00 Check: 831.87 Check #: 1027326

Received from National Bank of Coxsackie - Via Mail: \$831.87

TOTAL TAXES PAID TO DATE: \$831.87

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

219

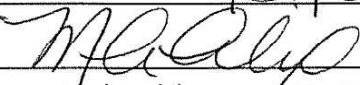
Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Stephen & Barbara Wood					
Mailing address of owners (number and street or PO box) 107 Pearson Rd			Location of property (street address)		
City, village, or post office Preston Hollow		State NY	ZIP code 12469		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 160.-1-31	
Account number (as appears on tax bill) 824		Amount of taxes paid or payable 810.73		Date of payment 01-30-2019	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 9,750.00 corrected amount 19,500.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2019.
(County, city, village, etc.)

Signature of applicant 	Date 07/19/20
---	-------------------------

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 5/26/2020	Date warrant annexed 3/31/2019
Last day for collection of taxes without interest 1/31/2019	Recommendation Approve application* ☒ Deny application ☐
Signature of official 	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid 810.73	Amount of taxes due \$668.78	Amount of refund or credit \$141.95
---------------------------------------	--	---

Application denied (reason):

Signature of chief executive officer or official designated by resolution	Date
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TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

220

FISCAL YEAR: 01/01/2019 to 12/31/2019	WARRANT DATE: 12/31/2018	STATE AID - COUNTY: \$90,121,595.00	TOWN: \$0.00
MAKE CHECK PAYABLE TO:		BANK	BILL NUMBER
		06	000824
		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 160.-1-31
 DIMENSION: 1.30 acres
 RS: 1 CLASS: 1 Family Res
 ADDRESS: 107 Pearson Rd
 SCHOOL: Middleburgh Central
 FULL MARKET VALUE: 130000.00
 UNIFORM % OF VALUE: 60.00
 ASSESSMENT: 78000

PROPERTY OWNER:

Wood Stephen W
 Wood Barbara J
 107 Pearson Rd
 Preston Hollow, NY 12469

Exemption	Value	Full Value	Tax Purpose
VET COM CT	19500.00	32500.000	C/T
VET DIS CT	9750.00	16250.000	C/T

19,500

RECEIPT

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
COUNTY PURPOSES	799824	1.4000	6.02283600	39,000 48750.00	234.89 293.61
TOWN	373158	2.3000	2.76574200	39,000 48750.00	107.86 134.83
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	39,000 48750.00	62.87 78.59
HIGHWAY 1	561029	3.6000	4.15818800	39,000 48750.00	162.17 202.71
PRESTON HOLLOW FIRE	61000	3.9000	1.29476000	78000.00	100.99

TOTAL TAXES DUE BY JANUARY 31, 2019: \$810.73

PAYMENTS RECEIVED

Receipt#: 951 **Date Paid: 01/30/2019** **Full Payment**
 Tax: 810.73 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00 \$ 668.78
 Cash: 0.00 Check: 810.73 Check #: 1025907

Received from National Bank of Coxsackie - Via Mail: \$810.73

TOTAL TAXES PAID TO DATE: \$810.73

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

221

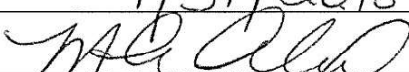
Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Stephen & Barbara Wood					
Mailing address of owners (number and street or PO box) 107 Pearson Rd			Location of property (street address)		
City, village, or post office Preston Hollow	State NY	ZIP code 12469	City, town, or village	State	ZIP code
Daytime contact number	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 160.-1-31			
Account number (as appears on tax bill) 1799	Amount of taxes paid or payable 796.69	Date of payment 01-31-2018			
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 9,750.00 corrected amount 19,500.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2018.
(County, city, village, etc.)

Signature of applicant 	Date 5/19/20
---	------------------------

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 5/26/2020	Date warrant annexed 3/31/2018
Last day for collection of taxes without interest 1/31/2018	Recommendation Approve application* ☒ Deny application ☐
Signature of official 	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid \$796.69	Amount of taxes due \$656.92	Amount of refund or credit \$139.77
---	--	---

Application denied (reason): _____ _____

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

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

222

FISCAL YEAR: 01/01/2018 to 12/31/2018		WARRANT DATE: 12/30/2017		STATE AID - COUNTY: \$73,498,642.00		TOWN: \$0.00			
MAKE CHECK PAYABLE TO:				BANK		BILL NUMBER		PAGE	
				06		001799		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 160.-1-31

DIMENSION: 1.30 acres
RS: 1 CLASS: 1 Family Res
ADDRESS: 107 Pearson Rd
SCHOOL: Middleburgh Central
FULL MARKET VALUE: 126112.00
UNIFORM % OF VALUE: 61.85
ASSESSMENT: 78000

PROPERTY OWNER:

Wood Stephen W
Wood Barbara J
107 Pearson Rd
Preston Hollow, NY 12469

Exemption	Value	Full Value	Tax Purpose
VET COM CT	19500.00	31528.000	C/T
VET DIS CT	19,500	15764.000	C/T

RECEIPT

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	
COUNTY PURPOSES	788871	-5.7000	5.98233700	39,000	48750.00	233.31	291.64
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	39,000	48750.00	168.13	210.16
HIGHWAY 1	541611	37.7000	4.04219400	39,000	48750.00	157.45	197.06
PRESTON HOLLOW FIRE	58700	0.1000	1.25425600		78000.00		97.83

TOTAL TAXES DUE BY JANUARY 31, 2018: \$796.69

PAYMENTS RECEIVED

Receipt#: 1337

Date Paid: 01/31/2018

Full Payment

Tax: 796.69
Cash: 0.00

Penalty: 0.00
Check: 796.69

Surcharge: 0.00
Check #:

Notice Fee: 0.00

Ret. Check Fee: 0.00

\$656.92

Received from National Bank of Coxsackie - Via Mail: \$796.69

TOTAL TAXES PAID TO DATE: \$796.69

PAID IN FULL

2014 Transfer. from 173.-1-13.20 OK. del. 3/22/14
3/25/14 - abatare - kw OK RT 3/22/14



RP-458-a (1/03 (rev. 8/06))

NYS BOARD OF REAL PROPERTY SERVICES

APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

1. Name and telephone no. of owner(s) Stephen Wood
Day No. 518-2394156
Evening No. () SAME

2. Mailing address of owner(s) 107 Pearson Rd
Preston Hollow N.Y.
12469

3. Location of property (see instructions)
Street address 107 Pearson Rd
Rensselaerville
City/Town Preston Hollow N.Y.
Village (if any) 160-1-31

Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot 11417 443 Book 3068 Page 228

4. Is the owner a veteran who served in the active military, naval or air service of the United States? ☒ Yes ☐ No
If No, indicate the relationship of the owner to veteran who rendered such service: _____
If Yes, is the veteran also the unmarried surviving spouse of a veteran? ☐ Yes ☐ No
5. Indicate branch of veterans service and dates of active service: ARMY
(Attach written evidence)
6. Was the veteran discharged or released from the active service under honorable conditions? ☒ Yes ☐ No
(Attach written evidence)
7. Did the veteran serve in a combat zone or combat theater? ☒ Yes ☐ No
If Yes, where did the veteran serve and when was such service performed? Vietnam 1965-66
(Attach written evidence)
8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? ☒ Yes ☐ No
If Yes, what is (was) the veteran's compensation rating? 50%
(Attach written evidence showing the date such rate was established)
☒ check if rating is permanent?
- If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? ☐ Yes ☐ No (Attach written evidence)
9. Is the property the primary residence of the veteran, unmarried surviving spouse of the veteran or Gold Star parent? ☒ Yes ☐ No
If No, is the veteran, unmarried surviving spouse of the veteran or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? ☐ Yes ☐ No
Explain: _____
10. Is the property used exclusively for residential purposes? ☒ Yes ☐ No
If No, describe the non-residential use of this property and state what portion is so used. _____

**Department of
Veterans Affairs**

245 W HOUSTON ST
NEW YORK NY 10014

January 21, 2013

Veteran's Name:
Wood, Stephen, W

STEPHEN W WOOD
PO BOX 553
PRESTON HOLLOW NY 12469

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: 255 72 8930
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Army, Honorable, 15-Jan-1963 - 13-Jan-1966

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 50 PERCENT

The effective date of the last change to your current award was: 01-DEC-2012

Your current monthly award amount is: \$888.00

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

L. K. CLAY
VETERANS SERVICE CENTER MANAGER



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

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

Names of owners Timothy Bohler			Location of property (street address)		
Mailing address of owners (number and street or PO box) 243 Gulf Rd			City, town, or village		
City, village, or post office Middleburgh,			State NY		
ZIP code 12122			ZIP code		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 135.-1-4.2	
Account number (as appears on tax bill) 147		Amount of taxes paid or payable 995.52		Date of payment 01-28-2020	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 9,240.00 corrected amount 18,400.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant 	Date 5/19/20
----------------------------	------------------------

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 5/26/2020	Date warrant annexed 3/31/2020
Last day for collection of taxes without interest 1/31/2020	Recommendation Approve application* ☒ Deny application ☐
Signature of official 	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid \$995.52	Amount of taxes due \$857.57	Amount of refund or credit \$137.95
---	--	---

Application denied (reason):

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

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

226

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	
				555		000147		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 135.-1-4.2

DIMENSION: 8.00 acres

RS: 1 CLASS: Mfg housing

ADDRESS: 243 Gulf Rd

SCHOOL: Middleburgh Central

FULL MARKET VALUE: 162105.00

UNIFORM % OF VALUE: 57.00

ASSESSMENT: 92400

PROPERTY OWNER:

Bohler Timothy M
 243 Gulf Rd
 Middleburgh, NY 12122

Exemption	Value	Full Value	Tax Purpose
VET COM CT	23100.00	40526.000	C/T
VET DIS CT	18480	9240.00	16211.000 C/T

RECEIPT

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	50,820 60060.00	146.28 172.87
HIGHWAY 1	479861	-14.5000	3.52348400	50,820 60060.00	179.66 211.62
HIGHWAY 2,3,4	315622	45.1000	2.31752300	50,820 60060.00	117.78 139.19
COUNTY	832707	4.1000	6.21113700	50,820 60060.00	315.65 373.04
RENSSELAERVILLE FIRE	62202	1.1000	1.06928000	92400.00	98.80

TOTAL TAXES DUE BY JANUARY 31, 2020: \$995.52

PAYMENTS RECEIVED

Receipt#: 997 Date Paid: 01/28/2020 Full Payment - Multi-Payment

Tax: 995.52 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00

Cash: 0.00 Check: 995.52 Check #: 7036582273

\$857.51

Received from Wells Fargo - Via Mail: \$995.52

TOTAL TAXES PAID TO DATE: \$995.52

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

227

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

Names of owners Timothy Bohler					
Mailing address of owners (number and street or PO box) 243 Gulf Rd			Location of property (street address)		
City, village, or post office Middleburgh,		State NY	ZIP code 12122		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 135.-1-4.2	
Account number (as appears on tax bill) 164		Amount of taxes paid or payable 973.02		Date of payment 01-31-2019	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 9,240.00 corrected amount 18,480.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2019.
(County, city, village, etc.)

Signature of applicant 	Date 5/19/20
---	------------------------

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 5/26/2020	Date warrant annexed 3/31/2019
Last day for collection of taxes without interest 1/31/2019	Recommendation Approve application* ☒ Deny application ☐
Signature of official 	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid 973.02	Amount of taxes due \$838.50	Amount of refund or credit \$134.52
---------------------------------------	--	---

Application denied (reason): _____ _____

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

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

228

FISCAL YEAR: 01/01/2019 to 12/31/2019		WARRANT DATE: 12/31/2018		STATE AID - COUNTY: \$90,121,595.00		TOWN: \$0.00	
MAKE CHECK PAYABLE TO:				BANK	BILL NUMBER		PAGE
				555	000164		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 135.-1-4.2
 DIMENSION: 8.00 acres
 RS: 1 CLASS: Mfg housing
 ADDRESS: 243 Gulf Rd
 SCHOOL: Middleburgh Central
 FULL MARKET VALUE: 154000.00
 UNIFORM % OF VALUE: 60.00
 ASSESSMENT: 92400

PROPERTY OWNER:

Bohler Timothy M
 243 Gulf Rd
 Middleburgh, NY 12122

Exemption	Value	Full Value	Tax Purpose
VET COM CT	23100.00	38500.000	C/T
VET DIS CT	18480 9240.00	15400.000	C/T

RECEIPT

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
COUNTY PURPOSES	799824	1.4000	6.02283600	50,820 60060.00	306.08 361.73
TOWN	373158	2.3000	2.76574200	50,820 60060.00	140.56 166.11
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	50,820 60060.00	81.93 96.83
HIGHWAY 1	561029	3.6000	4.15818800	50,820 60060.00	211.32 249.74
RENSSELAERVILLE FIRE	61500	4.8000	1.06722800	92400.00	98.61
TOTAL TAXES DUE BY JANUARY 31, 2019:					\$973.02

PAYMENTS RECEIVED

Receipt#: 1032 Date Paid: 01/31/2019 Full Payment - Bank Payment \$838.50
 Tax: 973.02 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00
 Cash: 0.00 Check: 973.02 Check #:
 Received from BETHPAGE FEDERAL CREDIT UNION - WELLS FARGO REAL ESTATE TAX - Via Mail: \$973.02

TOTAL TAXES PAID TO DATE: \$973.02

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

229

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

Names of owners Timothy Bohler					
Mailing address of owners (number and street or PO box) 243 Gulf Rd			Location of property (street address)		
City, village, or post office Middleburgh,		State NY	ZIP code 12122		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 135.-1-4.2	
Account number (as appears on tax bill) 142		Amount of taxes paid or payable 955.79		Date of payment 01-03-2018	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 9,240.00 corrected amount 18,480.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2018.
(County, city, village, etc.)

Signature of applicant

[Handwritten Signature]

Date

5/19/20

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 5/26/2020	Date warrant annexed 3/31/2018
Last day for collection of taxes without interest 1/31/2018	Recommendation Approve application* ☒ Deny application ☐
Signature of official <i>[Handwritten Signature]</i>	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid

\$955.79

Amount of taxes due

\$823.32

Amount of refund or credit

\$132.47

Application denied (reason):

Signature of chief executive officer or official designated by resolution

Date

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

FISCAL YEAR: 01/01/2018 to 12/31/2018

WARRANT DATE: 12/30/2017

STATE AID - COUNTY: \$73,498,642.00

TOWN: \$0.00

MAKE CHECK PAYABLE TO:

BANK

BILL NUMBER

PAGE

555

000142

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 135.-1-4.2

DIMENSION: 8.00 acres

RS: 1 CLASS: Mfg housing

ADDRESS: 243 Gulf Rd

SCHOOL: Middleburgh Central

FULL MARKET VALUE: 149394.00

UNIFORM % OF VALUE: 61.85

ASSESSMENT: 92400

PROPERTY OWNER:

Bohler Timothy M
243 Gulf Rd
Middleburgh, NY 12122

Exemption	Value	Full Value	Tax Purpose
VET COM CT	23100.00	37348.000	C/T
VET DIS CT	9240.00	14939.000	C/T

18480

RECEIPT

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
COUNTY PURPOSES	788871	-5.7000	5.98233700	50,820 60060.00	304.02 359.30
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	50,820 60060.00	219.08 258.92
HIGHWAY 1	541611	37.7000	4.04219400	50,820 60060.00	205.42 242.77
RENSSELAERVILLE FIRE	58700	0.1000	1.02599400	92400.00	94.80

TOTAL TAXES DUE BY JANUARY 31, 2018: \$955.79

PAYMENTS RECEIVED

Receipt#: 993

Date Paid: 01/30/2018

Full Payment

Tax: 955.79
Cash: 0.00

Penalty: 0.00
Check: 955.79

Surcharge: 0.00
Check #: 7033836781

Notice Fee: 0.00

Ret. Check Fee: 0.00

Received from Wells Fargo - Via Mail: \$955.79

TOTAL TAXES PAID TO DATE: \$955.79

PAID IN FULL

230



OK vets 15.76.109
+ 7.10.10

RP-458-a (1/03 (rev. 8/06))

NYS BOARD OF REAL PROPERTY SERVICES

APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

RECEIVED
FEB 28 2011

BY: RC

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

1. Name and telephone no. of owner(s)

TIMOTHY M. Bohler

2. Mailing address of owner(s)

243 Gulf Road
Middleburgh, NY 12122

Day No. (518) 765-4510 M-F

Evening No. (518) 827-8056

3. Location of property (see instructions)

243 Gulf Rd.

Street address

RENSSELAERVILLE

City/Town

Village (if any)

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot

013600

135-1-4.2

4. Is the owner a veteran who served in the active military, naval or air service of the United States? ☒ Yes ☐ No

If No, indicate the relationship of the owner to veteran who rendered such service:

If Yes, is the veteran also the unmarried surviving spouse of a veteran? ☐ Yes ☒ No

5. Indicate branch of veterans service and dates of active service: ARMY 7-25-67 - 3-6-70

(Attach written evidence)

6. Was the veteran discharged or released from the active service under honorable conditions? ☒ Yes ☐ No

(Attach written evidence)

7. Did the veteran serve in a combat zone or combat theater? ☒ Yes ☐ No

If Yes, where did the veteran serve and when was such service performed? VIETNAM 3/69 - 2/70

(Attach written evidence)

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? ☒ Yes ☐ No

If Yes, what is (was) the veteran's compensation rating? 40%

(Attach written evidence showing the date such rate was established)

☒ check if rating is permanent?

If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? ☐ Yes ☒ No (Attach written evidence)

9. Is the property the primary residence of the veteran, unmarried surviving spouse of the veteran or Gold Star parent? ☒ Yes ☐ No

If No, is the veteran, unmarried surviving spouse of the veteran or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? ☐ Yes ☐ No

Explain: _____

10. Is the property used exclusively for residential purposes? ☒ Yes ☐ No

If No, describe the non-residential use of this property and state what portion is so used. _____

D
3/11



**Department of
Veterans Affairs**

245 W HOUSTON ST
NEW YORK NY 10014

January 13, 2011

Veteran's Name:
Bohler, Timothy, M

TIMOTHY M BOHLER
243 GULF RD
MIDDLEBURGH NY 12122

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: 25 701 706

You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Army, Unconfirmed, 25-Jul-1967 - 07-Mar-1970

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 40 PERCENT

Your current monthly award amount is: \$637.00

Are you being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities: Not Indicated

Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

233

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

Names of owners Paul & Marietta Zimmerman					
Mailing address of owners (number and street or PO box) 394 Edwards Hill Rd			Location of property (street address)		
City, village, or post office Oak Hill		State NY	ZIP code 12460		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 172.-1-14	
Account number (as appears on tax bill) 1827		Amount of taxes paid or payable 2,376.82		Date of payment 01-15-2020	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41171. Incorrect amount 3,813.00 corrected amount 7,626.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant

Date

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 5/26/2020	Date warrant annexed 3/31/2020
Last day for collection of taxes without interest 11/31/2020	Recommendation Approve application* ☒ Deny application ☐
Signature of official <i>[Signature]</i>	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid \$2,376.82	Amount of taxes due \$2,085.87	Amount of refund or credit \$290.95
---	--	---

Application denied (reason):

Signature of chief executive officer or official designated by resolution

Date

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

234

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
	001827	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.-1-14
DIMENSION: 10.10 acres
RS: 1 CLASS: Rural res
ADDRESS: 394 Edwards Hill Rd
SCHOOL: Cairo-Durham
FULL MARKET VALUE: 267544.00
UNIFORM % OF VALUE: 57.00
ASSESSMENT: 152500

PROPERTY OWNER:

Zimmerman Paul H
Zimmerman Marietta
394 Edwards Hill Rd
Oak Hill, NY 12460

Exemption	Value	Full Value	Tax Purpose
CW_15_VET/	7200.00	12632.000	C/T
/CW_DISBLD_	3813.00	6689.000	C/T

CW vet Town > 15% 22,875
CW vet County > 5% 7,625
CW Dis Town
CW Dis County

RECEIPT

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	122,000	351.16 407.25
HIGHWAY 1	479861	-14.5000	3.52348400	141487.00	429.87 498.53
HIGHWAY 2,3,4	315622	45.1000	2.31752300	141487.00	282.74 327.90
COUNTY	832707	4.1000	6.21113700	141487.00	757.76 878.80
MEDUSA FIRE DISTRICT	63373	0.6000	1.73340800	152500.00	264.34

TOTAL TAXES DUE BY JANUARY 31, 2020: \$2376.82

PAYMENTS RECEIVED

Receipt#: 314 Date Paid: 01/15/2020 Full Payment \$ 2,085.87
Tax: 2376.82 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00
Cash: 0.00 Check: 2376.82 Check #: 4775

Received from Zimmerman Paul H / Marietta - Via Counter: \$2376.82

TOTAL TAXES PAID TO DATE: \$2376.82

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

235

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

Names of owners Paul & Marietta Zimmerman					
Mailing address of owners (number and street or PO box) 394 Edwards Hill Rd			Location of property (street address)		
City, village, or post office Oak Hill		State NY	ZIP code 12460		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 172.-1-14	
Account number (as appears on tax bill) 1236		Amount of taxes paid or payable 2,321.51		Date of payment 01-31-2019	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41171. Incorrect amount 3,813.00 corrected amount 7,626.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2019.
(County, city, village, etc.)

Signature of applicant

[Handwritten Signature]

Date

5/19/20

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 5/26/2020	Date warrant annexed 3/31/2019
Last day for collection of taxes without interest 1/31/2019	Recommendation Approve application* ☒ Deny application ☐
Signature of official <i>[Handwritten Signature]</i>	Date 6/20/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid

2321.51

Amount of taxes due

\$2,041.04

Amount of refund or credit

280.47

Application denied (reason):

Signature of chief executive officer or official designated by resolution

Date

TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

236

FISCAL YEAR: 01/01/2019 to 12/31/2019		WARRANT DATE: 12/31/2018		STATE AID - COUNTY: \$90,121,595.00		TOWN: \$0.00	
MAKE CHECK PAYABLE TO:				BANK	BILL NUMBER	PAGE	
					001236	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.-1-14

DIMENSION: 10.10 acres

RS: 1 CLASS: Rural res

ADDRESS: 394 Edwards Hill Rd

SCHOOL: Cairo-Durham

FULL MARKET VALUE: 254167.00

UNIFORM % OF VALUE: 60.00

ASSESSMENT: 152500

PROPERTY OWNER:

Zimmerman Paul H
 Zimmerman Marietta
 394 Edwards Hill Rd
 Oak Hill, NY 12460

Exemption	Value	Full Value	Tax Purpose	
CW_15_VET/	22,875	7422.00	12370.000	C/T
CW_DISBLD_		3813.00	6355.000	C/T
	7,625			

RECEIPT

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
COUNTY PURPOSES	799824	1.4000	6.02283600	141265.00	734.79
TOWN	373158	2.3000	2.76574200	141265.00	337.42
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	141265.00	196.69
HIGHWAY 1	561029	3.6000	4.15818800	141265.00	507.30
MEDUSA FIRE DISTRICT	63000	1.3000	1.73665000	152500.00	264.84

TOTAL TAXES DUE BY JANUARY 31, 2019: \$2321.51

PAYMENTS RECEIVED

Receipt#: 1392 Date Paid: 01/31/2019 Full Payment

Tax: 2321.51 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00 \$ 2,041.09

Cash: 0.00 Check: 2321.51 Check #: 262

Received from Zimmerman Paul H / Marietta - Via Mail: \$2321.51

TOTAL TAXES PAID TO DATE: \$2321.51

PAID IN FULL



Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

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

Names of owners Paul & Marietta Zimmerman			Location of property (street address)		
Mailing address of owners (number and street or PO box) 394 Edwards Hill Rd			City, town, or village Oak Hill		
State NY			State NY		
ZIP code 12460			ZIP code 12460		
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 172.-1-14	
Account number (as appears on tax bill) 1829		Amount of taxes paid or payable 2,293.31		Date of payment 01-10-2018	
Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41171. Incorrect amount 3,813.00 corrected amount 7,626.00. Please process this RP-556 Refund					

I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) 2018.
(County, city, village, etc.)

Signature of applicant [Signature] Date 5/19/20

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 5/26/2020	Date warrant annexed 3/31/2018
Last day for collection of taxes without interest 1/31/2018	Recommendation Approve application* ☐ Deny application ☐
Signature of official <u>[Signature]</u>	Date 6/30/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid 2,293.31	Amount of taxes due \$2,012.42	Amount of refund or credit \$280.89
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Application denied (reason): _____ _____

Signature of chief executive officer or official designated by resolution	Date
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TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

238

FISCAL YEAR: 01/01/2018 to 12/31/2018	WARRANT DATE: 12/30/2017	STATE AID - COUNTY: \$73,498,642.00	TOWN: \$0.00
MAKE CHECK PAYABLE TO:		BANK	BILL NUMBER
			PAGE
			001829
			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.-1-14
 DIMENSION: 10.10 acres
 RS: 1 CLASS: Rural res
 ADDRESS: 394 Edwards Hill Rd
 SCHOOL: Cairo-Durham
 FULL MARKET VALUE: 246564.00
 UNIFORM % OF VALUE: 61.85
 ASSESSMENT: 152500

PROPERTY OWNER:

Zimmerman Paul H
 Zimmerman Marietta
 394 Edwards Hill Rd
 Oak Hill, NY 12460

Exemption	Value	Full Value	Tax Purpose
CW_15_VET/ 22,875	7092.00	11466.000	C/T
CW_DISBLD_ 7,625	3813.00	6165.000	C/T

RECEIPT

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
COUNTY PURPOSES	788871	-5.7000	5.98233700	122,000	729.85
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	141595.00	525.94
HIGHWAY 1	541611	37.7000	4.04219400	141595.00	493.15
MEDUSA FIRE DISTRICT	62200	0.1000	1.72776000	152500.00	263.48

TOTAL TAXES DUE BY JANUARY 31, 2018: \$2293.31

PAYMENTS RECEIVED

Receipt#: 214 Date Paid: 01/10/2018 Full Payment

Tax: 2293.31 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00 **\$2,012.42**

Cash: 0.00 Check: 2293.31 Check #: 220

Received from Zimmerman Paul H - Via Counter: \$2293.31

TOTAL TAXES PAID TO DATE: \$2293.31

PAID IN FULL



2014 VETS EXEMPTION COLD WAR

OK all 3/29/14

abstained - KW 4/3/14

OK RT 3/8/14

RP-458-b (2/08)

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

APPLICATION FOR COLD WAR VETERANS EXEMPTION
FROM REAL PROPERTY TAXATION

(General information and instructions for completing this form are contained in Form RP-458-b-Ins)

1. Name and telephone no. of owner(s)

Paul H. Zimmerman

Marietta Zimmerman

Day No. (516) 528-2173

Evening No. ()

2. Mailing address of owner(s)

394 Edwards Hill Rd

Oakhill NY 12460

E-mail (optional)

3. Location of property (see instructions)

394 Edwards Hill Rd

Street address Rensselaerville NY 12147 Village (if any)

Oakhill NY 12460

City/Town

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot:

172. - 1-14

4. Is the owner a veteran who served in the active military, naval or air service of the United States between September 2, 1945 and December 26, 1991? ☒ Yes ☐ No

If No, indicate the relationship of the owner to veteran who rendered such service:

If Yes, is the veteran also the unremarried surviving spouse of a veteran? ☐ Yes ☒ No

5. Indicate branch of veteran's service and dates of active service: USMC 6-30-76 - 10-15-81
(Attach written evidence)

6. Was the veteran discharged or released from the active service under honorable conditions?

☒ Yes ☐ No (Attach written evidence)

7. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service-connected disability? ☒ Yes ☐ No

If Yes, what is (was) the veteran's compensation rating? 10%

☒ check if rating is permanent? (Attach written evidence showing the date such rate was established)

If No, did the veteran die in service of a service connected disability or in the line of duty?

☐ Yes ☐ No (Attach written evidence)

8. Is the property the primary residence of the veteran or the unremarried surviving spouse of the veteran? ☒ Yes ☐ No

If No, is the veteran or unremarried surviving spouse of the veteran absent from the property due to medical reasons or institutionalization? ☐ Yes ☒ No

Explain: