

DANIEL DUCHARME, PH.D.
ASSESSOR



MARIA RIVERA
MAYOR

CITY OF CENTRAL FALLS
ASSESSOR'S OFFICE

580 BROAD STREET
CENTRAL FALLS, RI 02863

OFFICE: (401) 727-7430
FAX: (401) 727-7472

True and Exact Account of All Ratable Estate Owned, or Possessed, As of 12/31/2021
Per Rhode Island General Law 44-5-15

Incomplete forms will be returned to you, filing deadlines **cannot** be extended by the Assessor's Office

This form MUST be filed between January 1, 2022 and January 31, 2022

An extension may be requested between January 1st & January 31st, in which case
this form must be filed between March 1, 2022 & March 15, 2022

DATE OF APPLICATION: _____
APPLICANT(S) NAME: _____
TITLE: _____
CURRENT MAILING ADDRESS: _____
CITY / STATE / ZIP: _____
PHONE NUMBER(S): Home: _____ Cell: _____
EMAIL ADDRESS: _____

REAL ESTATE (If more than on parcel is owned or possessed, please explain on additional pages)

Property Locations: _____
Plat / Lot: _____
Account Number: _____
2021 Assessed Value: \$ _____ (Current Field Card)
2020 Assessed Value: \$ _____ (Current Tax Bill)
Insured Amount: \$ _____
Fair Market Value: \$ _____
Based Upon: Appraisal* / Real Estate Broker / Owner's Estimate

***PLEASE ATTACH A COPY OF YOUR APPRAISAL WITH THIS FORM**

If there has been a change in the overall condition of your real estate, please explain below detailing those changes (attach applicable photographs). If there has been a change in the usage of your real estate (single family to two family, etc.) please explain below detailing those changes. If there is an error on your property record card, please explain below specifying the error and copy & sign the field card.

MOTOR VEHICLE(S) / MOTORCYCLES / MOBILE HOMES, ETC.

Plate Number:	_____	Plate Number:	_____
Registered Where:	Town: _____ State: _____	Registered Where:	Town: _____ State: _____
# of Days Registered:	_____	# of Days Registered:	_____
Year:	_____	Year:	_____
Make:	_____	Make:	_____
Model:	_____	Model:	_____
Color:	_____	Color:	_____
VIN:	_____	VIN:	_____

(Please list all other vehicles below, or on a separate sheet of paper)

PERSONAL PROPERTY

If you are filing a True and Exact Account for a corporation, partnership, sole-proprietorship, or any other business related entity regarding the business'; computer equipment, software, furniture, fixtures, inventory, leased equipment, leasehold improvements, and taxable personal property, please call the Assessor's Office for a more detailed form.

List other vehicles, or real estate owned or possessed on these lines

APPLICANT'S CERTIFICATION

I certify, **under penalty of perjury**, that the above listed information is to the best of my knowledge a true and exact account of all ratable estate owned or possessed by me (**real estate, motor vehicles, and personal property**). Any misrepresentation of these facts may result in a loss of your appeal rights in the City of Central Falls, or in Rhode Island Superior Court, should the undersigned so choose to appeal to that level.

Respectfully submitted,

Sign Name Here: _____

Print Name Here: _____

Date: _____

Title: _____

NOTARY PUBLIC

State of Rhode Island, County of _____

Subscribed and sworn to before me at _____ this _____ day of _____ 20_____

My commission expires: _____

Signature of Notary Public

**** THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED ****