



Town of Jamestown

Tax Assessor

93 Narragansett Ave ♦ Jamestown, RI 02835 – 1509

Phone: (401) 423-9802
Fax: (401) 423-7230
cbrochu@jamestownri.net

2025 ANNUAL REAL ESTATE TRUE AND EXACT ACCOUNT

Of all ratable estate owned, or possessed, as of 12/31/2024
Per Rhode Island General Law 44-5-15

THIS FORM MUST BE FILED BETWEEN JANUARY 1, 2025 AND JANUARY 31, 2025

The Assessor's Office may grant an extension between January 1st and January 31st, in which case this form must be filed between March 1st, 2025 and March 15th, 2025.

Incomplete forms will be returned to you. Filing deadlines cannot be extended by the Assessor's Office.

Date of Application: _____

Applicant(s) Name/ Title: _____

Mailing Address: _____

City/ State/Zip: _____

Phone Number(s): Home _____ Cell _____

Email Address: _____

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

Property Location: _____

Plat/Lot: _____

Account Number: _____

2024 Assessed Value: \$ _____ \$ _____
Building Land

Estimated Fair Market Value: \$ _____

Based Upon: (circle any applicable) Appraisal / Real Estate Broker / Owner's Estimate

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 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 card, please explain below specifying the error and copy, sign and date the field card.

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 the ratable real estate owned or possessed by me. Any misrepresentation of these facts may result in a loss of your appeal rights in the Town of Jamestown, or in Rhode Island Superior Court, should the undersigned so choose to appeal to that level.

Respectfully submitted,

Sign Name Here: _____ Co-Owner _____

Print Name Here: _____ Co-Owner _____

Title: _____

Date: _____

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