

VERIFIED STATEMENT OF CHANGES DETERMINED BY THE BOARD OF ASSESSMENT REVIEW

SIGNATURE PAGE

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**OTSEGO COUNTY
FORM 1**

MUNICIPALITY: _____ SWIS: _____

Now, therefore, the Board of Assessment Review hereby orders the Assessor (or Chairman of the Board of Assessors) to make the changes in assessments determined by the Board of Assessment Review on the assessment roll of the above referenced town, for the year above stated, in conformance with this order.

**STATE OF NEW YORK
COUNTY OF OTSEGO
CITY, TOWN or VILLAGE OF _____**

The undersigned, being duly sworn do severally depose and say that deponents are members of the Board of Assessment Review, that deponents have read the forgoing and know the contents thereof; and the matters set forth are true to the best of the deponents knowledge.

Sworn to before me this _____ day of _____, 20 _____

- 1) _____ Chairman
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Commissioner of Deeds / Notary Public / Town Justice

I (We) the Assessor(s), Hereby certify that the changes in assessments ordered by the Board of Assessment Review have been entered on the assessment roll.

ASSESSOR(S) SIGNATURE

Sworn to before me this _____ day of _____, 20 _____

- 1) _____ Sole Assessor or Chairman
- 2) _____
- 3) _____

Commissioner of Deeds / Notary Public / Town Justice