



*City of New Bedford*  
*Massachusetts*  

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*Assessing Department*

LOCATION: \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_

Please be advised that this office has received a copy of the recorded deed on the sale of the property listed above. To assist the City in keeping its records up to date, we are requesting that you complete this form and return it to our office within sixty days.

Under General Laws, Chapter 59, Section 38D, a Board of Assessors may request the owner or lessee of any real property to make a written return under oath within sixty days containing such information as may reasonably be required by it to determine the actual fair cash valuation of such property.

Failure of an owner or lessee of real property to comply with such request within sixty days after it has been made shall bar the owner or lessee from any statutory appeal under this chapter, unless such owner or lessee was unable to comply with such request for a reason beyond his/her control. If any owner or lessee of real property in a return made under this section makes any statement which the owner or lessee knows to be false in a material particular, such false statement shall bar the owner or lessee from any statutory appeal under this chapter.

Should you have any questions; you may contact the Assessors Office at (508) 979 -1440.

*133 William Street, New Bedford, Massachusetts 02740*  
*Tel (508) 979-1440 Fax (508) 979-1643*

**REQUEST FOR WRITTEN RETURN UNDER GENERAL LAWS, CHAPTER 59, SECTION 38D**  
**REAL ESTATE VERIFICATION**

PROPERTY LOCATION: _____	MAP: _____	LOT(S): _____
LAND USE CODE: _____	USE: _____	DATE MAILED _____
BOOK: _____	PAGE _____	CERTIFICATE#: _____
REG. LAND DOC#: _____	DATE RECORDED: _____	

**PLEASE COMPLETE THE FOLLOWING: (ALL INFORMATION IS CONFIDENTIAL)**

BUYER (GRANTEE) NAME: _____	SELLER (GRANTOR) NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
TELEPHONE#: _____	TELEPHONE#: _____

**SALE AND FINANCING INFORMATION:**

CLOSING DATE: \_\_\_\_\_ TOTAL SALE PRICE: \_\_\_\_\_ MORTGAGE: \_\_\_\_\_ INT. RATE: \_\_\_\_\_% TERM: \_\_\_\_\_ YRS  
 DID SELLER PROVIDE ANY FINANCING? \_\_\_\_\_ IF YES: AMOUNT \_\_\_\_\_ INT. RATE: \_\_\_\_\_% TERM: \_\_\_\_\_ YRS

**PRIMARY USE OF THE PROPERTY AT TIME OF SALE:**

<input type="checkbox"/> RESIDENTIAL (SINGLE FAMILY)	<input type="checkbox"/> APARTMENTS (6-8UNITS)	<input type="checkbox"/> RETAIL	<input type="checkbox"/> FISH PLANT
<input type="checkbox"/> RESIDENTIAL (2-3 FAMILY)	<input type="checkbox"/> APARTMENTS (MORE THAN 8 UNITS)	<input type="checkbox"/> OFFICE	<input type="checkbox"/> VACANT LAND
<input type="checkbox"/> RESIDENTIAL (4-5 FAMILY)	<input type="checkbox"/> MIXED USE (COMRES)_____&RES	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER: _____

**DID YOUR PURCHASE INVOLVE ANY OF THE FOLLOWING CONDITIONS:**

	<b><u>YES</u></b>	<b><u>NO</u></b>
SALE INVOLVED A REAL ESTATE BROKER/AGENT: .....	[ ]	[ ]
SALE BETWEEN RELATIVES OR FAMILY MEMBERS: .....	[ ]	[ ]
SALE OR TRANSFER BETWEEN RELATED BUSINESS AFFILIATES: .....	[ ]	[ ]
FINANCING FROM A NON-CONVENTIONAL SOURCE: .....	[ ]	[ ]
RESULT OF A FORECLOSURE OR BANK AUCTION: .....	[ ]	[ ]
RESULT OF A COURT ORDER OR OTHER LEGAL PROCEEDING: .....	[ ]	[ ]
PRIOR TO SALE, PROPERTY WAS LEASED BY BUYER: .....	[ ]	[ ]
SELLER WILL OCCUPY PROPERTY AS LESSEE (TENANT) AFTER SALE: .....	[ ]	[ ]
SALE CONVEYED LESS THAN FULL OWNERSHIP INTEREST: .....	[ ]	[ ]
IF YES, PERCENT INTEREST _____%		
SALE INVOLVED A: GOVERNMENT AGENCY: .....	[ ]	[ ]
NON-PROFIT ORGANIZATION: .....	[ ]	[ ]
FINANCIAL INSTITUTION: .....	[ ]	[ ]
SALE INCLUDED OTHER PROPERTY: .....	[ ]	[ ]
IF YES, LOCATION: _____		
WAS PERSONAL PROPERTY INCLUDED IN THE SALE PRICE: .....	[ ]	[ ]
IF YES, LIST ITEMS: _____ VALUE: _____		
PROPERTY IS SUBJECT TO DEED RESTIRCTIONS OR EASMENTS: .....	[ ]	[ ]
IF YES, EXPLAIN: _____		

**PROPERTY CHARACTERISTICS:**

LAND AREA: \_\_\_\_\_ SF CROSS BUILDING/LIVING AREA: \_\_\_\_\_ SF NUMBER OF UNITS: \_\_\_\_\_  
 YEAR BUILT: \_\_\_\_\_ CONSTRUCTION COST: \_\_\_\_\_ (IF LESS THAN 5 YRS OLD)  
 REMODEL/UPDATE (YEAR): KITCHEN \_\_\_\_\_ BATHROOM \_\_\_\_\_ HEATING \_\_\_\_\_ ELECTRIC \_\_\_\_\_ PLUMBING \_\_\_\_\_  
 IF DONE AFTER SALE SPECIFY COST: \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

COMPLETED BY (PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_