



235 Candlewood Path, Dix Hills, New York 11746
Office: (631) 242-1213 • E-mail: taxes@platinumgroupllc.com

DESIGNATION OF REPRESENTATIVE AND AUTHORIZATION

Designation of Representative: I, (Print Name) _____, as petitioner (or officer thereof) hereby retain and designate Platinum Tax Grievances, herein after referred to as PTG, as my sole agent in any and all proceedings before the Board of Assessment Review and/or Small Claims assessment review of the Supreme Court, and any other proceeding pursuant to New York State Real Property Tax Law for the purpose of reviewing the assessment of my real property as it appears on the most recent assessment roll of any assessing unit for my property. PTG will prepare and file in a timely manner on my behalf the necessary grievance documents and, at PTG’s discretion, file a Small Claims Assessment Review (SCAR) appeal. In addition, PTG is authorized to request and receive any refunds resulting from the lowering of the real property assessment and apply it to their fee; all remaining funds will be immediately reimbursed to me.

Eligibility: I understand that only the following person(s) is eligible under law to receive a property tax refund: 1) a person named in the records of the county clerk as a homeowner; or 2) the homeowner’s agent; or 3) a contract vendee; or 4) the estate of a deceased homeowner. By signing this agreement, I hereby declare that I am one of the aforementioned listed persons and therefore eligible to receive a property tax refund.

Retainer Agreement: I agree to pay PTG as follows:

- 50% of the first year’s savings on my real estate taxes resulting from a reduction in assessment of property, due within thirty (30) days of a reduction. This fee will not include savings resulting from any exemptions, including the STAR exemption.
- If filing a SCAR appeal becomes necessary, PTG agrees to advance the \$30 court filing fee, to be billed to me only upon a successful assessment reduction.
- In the event a usable appraisal is not provided to PTG, an appraisal fee \$75 may apply (upon winning grievance only).
- If I do not make payment once the assessment has been reduced, I will reimburse PTG’s cost for collecting the amount due including interest at 1.5% per month and reasonable attorney’s fees.
- In the case of a duplicate filing for 2021/2022, I agree to pay PTG in full as stated above. I attest that I did not file a tax grievance for the 2021/2022 year with anyone other than PTG. If a grievance was filed in 2021/2022, I agree to pay PTG the sum of \$350 for their time, effort and fees within 30 days of notification.

By signing this authorization, I acknowledge and understand the following:

- 1) I am not required by law to use a tax reduction service to apply for a reduction in assessment.
- 2) No fee is due PTG unless my tax assessment is reduced.
- 3) PTG is not a government agency and is not affiliated with any government agency.
- 4) PTG will make reasonable efforts to fully communicate the terms of any settlement made in the course of a tax assessment review proceeding, other than a hearing or trial.
- 5) PTG is authorized to fully negotiate a settlement should an immediate decision about an offer need to be made.
- 6) Filing a property tax grievance does not guarantee a reduction.
- 7) I can cancel within three (3) days of signing this agreement, without penalty, by written notice to PTG.
- 8) If the home is sold prior to finalization of the grievance, the seller is responsible for fees incurred unless the new homeowner assumes responsibility of the grievance by signing an authorization form with PTG.
- 9) PTG will not give, share, or sell any of my personal or confidential information.
- 10) This agreement may only be modified in writing signed by all parties.
- 11) Any part of this authorization agreement that is deemed unlawful does not void the remaining parts of this agreement.

I have fully read, understand, and agree to the terms and conditions of this agreement.

Signature of Owner

Print Full Name

Date

Property Address Town State Zip Code

Mailing Address (if different) Town State Zip Code

Phone # Email

Tax Map Info: District: _____ Section _____ Block _____ Lot _____



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Complete this form to the best of your ability.

Name of Homeowner

Address of Homeowner

City, State and Zip Code

Mailing Address of Owner (if different)

City, State and Zip Code

Home Phone

Cell Phone

E-mail Address

Inc. Village (if any)

School District

Cross Street

Home Style: Cape Colonial Condo/Townhouse High Ranch Ranch
 Splanch Split Victorian Other: _____

Year Built _____
Approx. sq. ft. _____
Lot Size _____
Condition _____
Stories

Rooms _____
Bedrooms _____
Full Bathrooms _____
Half Bathrooms _____
Kitchens

Basement: Yes No Full / Partial Fully Finished / Partially Finished (____% Finished)

Garage: Yes No Garage Size: _____ (# of cars)

Waterfront: Yes No Water View: Yes No

Central Air: Yes No # of Fireplace(s): _____ In-Ground Pool: Yes No

Purchase Date: _____ Purchase Amount: \$ _____

Do you live in the home? Yes No

Was this a foreclosure, distress, estate, short, or family sale? Yes No _____

Any negative aspects of your home that might affect its value? Yes No _____

Property offered for sale within the last 3 years? Yes No For Sale Date: _____

Asking Price: \$ _____

What do you believe the property and home are worth (market value)? \$ _____

Did you read and sign the authorization accompanying this form? Yes No

If you are moving or planning to move, please fill out the information below so we can expedite any refund that may be due to you. Once you have a forwarding address, it is YOUR responsibility to inform us.

New Address (Street, City, State and Zip Code)

Effective Date

New Phone #

Please return the completed form and signed authorization to our office.

Mail: Platinum Tax Grievances
 235 Candlewood Path
 Dix Hills, NY 11746

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