

**Nassau County Residential Property Tax Grievance Authorization**

**Eligibility:** I represent that the property is a one, two, or three family home used exclusively for residential purposes and that I am a person named in the records of the Nassau County Clerk as the homeowner who occupies the home named below, or that person’s authorized agent, or the person who has contracted to buy the home, or the estate of the deceased owner. If you are not in any of these categories, you are not eligible to receive a property tax reduction or refund and should not sign this agreement. IPTRS must receive this authorization before March 1, 2023.

**Service to be performed:** I hereby authorize Island Property Tax Reduction Service Inc. (hereinafter referred to as IPTRS) to file an application/petition and act on my behalf and exclusively represent me in any and all proceedings before Nassau County Assessment Review Commissions and/or Village/City Assessment Review Commissions, and if necessary, a Small Claims Assessment Review of the Supreme Court of Nassau County for a correction of the 2024/2025 assessment. Village/City grievance is for the 2023/2024 taxes, if applicable. IPTRS will make reasonable efforts to communicate to the owner the terms of any offer or settlement made by Nassau County and/or Village/City, as required by law.

**Fee for service:** **IPTRS DOES NOT CHARGE A FEE IF THERE IS NO REDUCTION.** If successful, I the undersigned, agree to pay IPTRS a fee of 50% of the tax savings as a result of the filing of a grievance and/or petition to correct the tentative and/or final assessment for the 2024/2025 Nassau County School/General tax roll and separate 2023/2024 Village/City, if necessary. I understand the savings will be in the form of either reduced 2024/2025 School tax bills and/or 2025 General tax bills, a refund of overpayment and/or credit on a following year’s tax bill. Entire tax savings will be calculated without exemptions using the 2024/2025 School/General tax rates. No comparison will be made to prior tax years. I agree to pay the above stated fee within 45 days of the date of the first invoice containing official proof of reduction and, if needed, collection fees and/or attorney’s fees of 30% of any amount due. I hereby authorize IPTRS as my agent to collect and deposit any refund and deduct any outstanding fees, if a refund is issued by the County/Village/City. If the property is sold, then I will be responsible to pay IPTRS its fee unless I provide IPTRS with the new owner’s signed acceptance of this agreement. I agree not to create a duplicate filing. A duplicate filing will result in a fee of \$200. IPTRS reserves the right to withdraw this application if a duplicate filing is created. If an appeal is required, I agree to pay a non-refundable court-imposed filing fee of \$30.

**Cancellation:** IPTRS is not a part of, or affiliated with, a governmental entity. I understand that I am not required to use a tax reduction service in order to file for and/or receive a tax assessment reduction. I further understand that I have the right to cancel this agreement (in writing) within five (5) days of this contract date. Prior results do not guarantee a similar outcome. Complaints regarding any services rendered or not rendered under this contract may be addressed to the Nassau County Office of Consumer Affairs.

If you do not receive a confirmation within 10 days of the date sent or by March 1, 2023 (whichever comes first), please contact us immediately to verify that your grievance authorization has been received.

The undersigned CERTIFIES that they are an aggrieved party within the meaning of the Real Property Tax Law, and hereby authorizes the below representative to file with the Nassau County Assessment Review Commission and perform services as specified above.

Tax Year: 2024/25 Representative Name: I.P.T.R.S Rep#: 634

Aggrieved Party \_\_\_\_\_ Relationship to Property \_\_\_\_\_  
*(Authorized Person) Print Name (Owner, POA, Executor, Purchaser)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Property Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Parcel ID \_\_\_\_\_  
*(For Office Use Only)*

**Please complete and return both sides of this document to Island Property Tax Reduction Service**

P.O. Box 174, Oceanside, New York 11572

**Phone:** 516-764-1118 **Email:** islandpropertytax@gmail.com **Fax:** 516-717-3084

**Other Information and Property Details**

Is the property owner-occupied? Yes  No

If not owner-occupied, please provide a separate Mailing Address for Updates:

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Please provide any negative factors below that you think may have an impact on value:  
*(For example: Busy Corner Location, Adjacent to Commercial Property, Flooding, etc...)*

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