



NASSAU COUNTY DEPARTMENT OF ASSESSMENT

ANNUAL SURVEY OF INCOME AND EXPENSE STATEMENT
PETITION FOR HEARING

ASIE
2013

Mail to: Nassau County Department of Assessment, 240 Old Country Road, 4th Floor, Mineola, New York 11501

INSTRUCTIONS: Complete all sections and attach all supporting documents for the hearing and mail to the address above. Use a separate form for each property. Please include the Power of Attorney, if the representative is not the owner.

SECTION: BLOCK: LOT:

Street Address of the Property:

SECTION I - OWNER INFORMATION - All information in this section must be completed. (Please Print)

Name of Owner (Last, First):

Mailing Address:

Telephone Number: Fax Number: Email Address:

SECTION II - REPRESENTATIVE INFORMATION - All information in this section must be completed. (Please Print)

Name of Representative (Last, First): Same as Above Net Lessee Attorney Agent Manager

Mailing Address:

Telephone Number: Fax Number: Email Address:

SECTION III - HEARING REQUEST - All information in this section must be completed. (Please Print)

The above-named owner or duly authorized representative of owner hereby requests a hearing to determine whether a penalty should be imposed as a result of the owner's failure to comply with the 2013 Annual Survey of Income and Expense ("ASIE") filing requirements for the above-referenced property, as required by Nassau County Administrative Code Section 6-30.0.

Owner requests (must check one):

Hearing by mail (without personal appearance). Please submit any additional documents and legal memoranda you wish to submit in support of owner's position. You will be notified of the decision.

OR

Hearing in-person. Please submit any additional documents and legal memoranda you wish to submit in support of owner's position. You will be notified of a date, time and place to attend an in-person hearing.

In the space provided, briefly describe the issue(s) upon which owner requests a hearing. Attach additional sheets if necessary. A statement of the issues(s) is REQUIRED.

SECTION IV - SPECIAL CIRCUMSTANCES (Please Print)

If requesting an in-person hearing, indicate if you will need A language interpreter - OR - An accommodation of disability. Please indicate language: Type of Accommodation:

SECTION V - SIGNATURE

Respectfully submitted:

Signed: Print Name: Date: