



Application for Corrected Tax Roll

RP-554
(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Michael J Beckman and Elizabeth A Lee					
Mailing address of owners (number and street or PO box) 20 Cherry Avenue			Location of property (street address) 20 Cherry Avenue		
City, village, or post office Delmar		State NY	ZIP code 12054	City, town, or village Delmar	
Daytime contact number		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 85.10-2-63	
Account number (as appears on tax bill) 000003754			Amount of taxes currently billed \$1,804.91		
Reasons for requesting a correction to tax roll: Due to a clerical error, the Combat Vet exemption was removed from the property.					

I hereby request a correction of tax levied by Town of Bethlehem for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant <i>Laurie J Lamberts</i>	Date 1/9/20
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Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

Date application received 1/10/2020	Period of warrant for collection of taxes 1/1/2020
Last day for collection of taxes without interest 1/31/2020	Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official <i>W. G. Kelly</i>	Date 1/24/2020

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of Bethlehem who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____ :
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error ☒ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed \$1,804.91	Corrected tax \$1,479.83
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason): _____

Signature of chief executive officer, or official designated by resolution	Date
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Instructions

General information

Where to send

Submit two copies of this application to the County Director of Real Property Tax Services (in Nassau and Tompkins Counties, submit to Chief Assessing Officer).

When to send

Submit the application only **before** the collection warrant expires.

Wholly exempt parcel

Attach statement signed by assessor or majority of board of assessors substantiating that assessor obtained proof that parcel should have been granted tax exempt status on tax roll.

Payment requirements

You may pay without interest and penalties **only** if:

- the application was filed with the County Director on or before the last day that taxes may be paid without interest (see *Date application received* in Part 2); **and**
- you pay the corrected tax within eight days of the date on which the notice of approval is mailed to the applicant (see Part 3).

If either of these conditions is not satisfied, interest, penalties, or both must be paid on the corrected tax.

For use by Collecting Officer:

Order from tax levying body received on _____
Date

Corrected tax due	Date tax roll corrected
Interest and penalties (if applicable)	Date tax bill corrected
Total corrected tax due	Date application and order added to tax roll
Date payment received	

Signature of collecting officer	Date
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David Van Luven
Town Supervisor

Laurie Lambertsen
Assessor

TOWN OF BETHLEHEM

Albany County - New York

ASSESSOR'S OFFICE

445 DELAWARE AVENUE
DELMAR, NEW YORK 12054

(518) 439-4955 x1101

Email: llambert@townofbethlehem.org



January 8, 2020

Maggie Alix, Director
Albany County Real Property Services
112 State Street, Room 1340
Albany, NY 12207

Re: Michael J Beckman
Elizabeth A. Lee
20 Cherry Avenue
85.10-2-63

Dear Maggie:

Enclosed please find form RP 554 and a copy of the Town of Bethlehem tax bill for the year 2020. Due to a clerical error, the Combat Veterans Exemption was omitted from this property. The bills reflect an amount owed of \$1,804.91. The correct amount should be \$1,479.83. This bill has not been paid.

The corrected bill should reflect the following:

Tax Year	Tax Amt of Current Bill	Tax Amt of Adjusted Bill	Overage Amt
2020	\$1,804.91	\$1,479.83	\$325.08

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

Laurie Lambertsen
Assessor

LL/dv

Enclosures

2020 County/Town Payments					
Original Tax	Penalty	Total Tax	Unpaid Amount	Date Paid	Tax ID#
1,804.91	0.00	1,804.91	1,804.91		000003754

Tax Bill #	Swis	Tax Map ID#
800	012200	85.10-2-63
Address	Municipality	School
20 Cherry Ave	Bethlehem, Town of	Bethlehem Central

Address	Property Information	Assessment Information
Beckman Michael J	Roll Section: 1	Full Market Value: 215,789.00
Lee Elizabeth A	Property Class: 1 Family Res	Total Assessed Value: 205,000.00
20 Cherry Ave	Lot Size: 0.36	Uniform %: 95
Delmar, NY 12054		
Estimated State Aid - Type		Amount
County		91,269,848.00
Town		1,895,333.00

2020 County/Town Taxes			
Description	Rate (per \$1000 or Unit)	Value	Amount
COUNTY PURPOSES	3.705728	205,000.00 153,750	759.67
GENERAL FUND TAX	0.907531	205,000.00	186.04
HIGHWAY TAX	1.730051	205,000.00	354.66
Albany County EMS	0.304886	205,000.00	62.50
Delmar-Bethlehem EMS	0.039754	205,000.00	8.15
Bethlehem sewer -s1	0.330487	205,000.00	67.75
Slingerlands fire	1.179313	205,000.00	241.76
Water district #1	0.606719	205,000.00	124.38
			Total: 1,804.91

Exemption - Combat Vet \$ 51,250

\$ 1,479.83

569.76
139.53
264.00



Department of Taxation and Finance
Office of Real Property Tax Services

RP-458-a
(1/16)

Application for Alternative Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-a-1, for assistance in completing this form.

1. Name(s) of owner(s) Michael J. Beckman and Elizabeth A. Lee		
2. Mailing address of owner(s) (number and street or PO box) 20 Cherry Avenue		3. Location of property (street address) 20 Cherry Avenue
City, village, or post office Delmar	State NY	ZIP code 12054
Daytime contact number (518) 786-2157	Evening contact number (518) 475-0504	Date of purchase of real property 11-08-2002
E-mail address mikebeckman1@verizon.net		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 012200 85.10-2-63
Name(s) of any non-owner spouse(s)		
Address(es) of primary residence(s) if different from above:		

4. Is the owner a veteran who served in the active military, naval, or air service of the United States? Yes ☒ No ☐

If No, indicate the relationship of the owner to veteran who rendered such service: _____

If Yes, is the veteran also the unremarried surviving spouse of a veteran? Yes ☐ No ☐

5. Indicate branch of veteran's service and dates of active service: Navy 2/23/1988-2/22/1994

If Yes, attach written evidence.

6. Was the veteran discharged or released from the active service under honorable conditions? Yes ☒ No ☐

Attach written evidence.

7. Did the veteran serve in a combat zone or combat theater? Yes ☒ No ☐

If Yes, where did the veteran serve and when was such service performed? See attached

Attach written evidence.

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? Yes ☐ No ☒

If Yes, what is (was) the veteran's compensation rating? _____

Attach written evidence showing the date such rate was established.

Mark an X in the box if the rating is permanent: ☐

If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime; if Yes, attach written evidence Yes ☐ No ☐

9. Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran, or Gold Star parent? Yes ☒ No ☐

If No, is the veteran, unremarried surviving spouse of the veteran, or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? Yes ☐ No ☐

Explain: _____

(518) 618-6780-cell

Combat Vet

10. Is the property used exclusively for residential purposes? Yes ☒ No ☐
 If No, describe the non-residential use of this property and state what portion is so used: _____

11. Date title to this property was acquired: 11/ 08 /2002 Attach copy of deed.

12. Has the owner(s) ever received, or is the owner(s) now receiving a veterans exemption based on eligible funds on property in New York State? Yes ☐ No ☒

If Yes, the amount of eligible funds used in the purchase was \$ _____

Does that eligible funds exemption cover the same property listed on page 1? Yes ☐ No ☐

If No, enter the location:

Street address		
Village	City/Town	School district

If Yes, are you submitting this application only because you are seeking a school tax exemption?
 (Check Yes if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; check No if you want your existing eligible funds exemption to be replaced with the alternative veterans exemption.) Yes ☐ No ☐

Certification

I (we) hereby certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the penalties prescribed therefore in the Penal Law.

All Owners Must Sign Application

Signature of owner(s) <i>Robert Bell</i>	Date <i>1/5/2019</i>
Signature of owner(s)	Date

Signature of owner(s) <i>Elizabeth A. Bell</i>	Date <i>1/5/19</i>
Signature of owner(s)	Date

For Assessor's Use Only

Alternative veterans exemption (RP-458-a)	Assessment	Period of war, active service, or expeditionary medal recipient (15% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Combat zone service (including expeditionary medal) (10% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating _____ (× 50% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village					
Town/City					
County					
School district					

Name of assessor	
Assessor's signature	Date

January 5, 2019

Michael J. Beckman
20 Cherry Avenue
Delmar, NY 12054

RP-458-a Supplemental Information

7. Service in combat theater

I served in Turkey from July 21, 1990 to July 11, 1991 which is part of the combat theater for Desert Storm and Desert Shield. I was awarded the Southwest Asia Service Medal with two bronze service stars, meaning I was in theater and supporting operations for the inclusive dates of August 2, 1990 to January 16, 1991 and January 17, 1991 to April 11, 1991. See the attached Title 32 Code of Federal Regulations Section 578.27 regarding requirements for award of this medal.

In addition to this service medal, I was awarded the Navy Expeditionary Medal for separate qualifying service as described in the attached citation from Commander, Submarine Squadron Two.



**Albany County Clerk
Albany County Court House
16 Eagle Street Rm 128
Albany, NY 12207**

Return to:

ROBERT GIBSON
3 COMPUTER DR WEST
SUITE 120
ALBANY NY 12205

Instrument

Deed

Document Number: 8900620 **Book:** 2724 **Page:** 161

Grantor

RUSO, CHARLES A
RUSO, KAREN

Grantee

BECKMAN, MICHAEL J
LEE, ELIZABETH A

Transfer Tax Receipt

Albany County Clerk Received:

Trans Tax # 2771

Trans Tax.....\$508.00

Number of Pages: 2
Amount \$127000.00
Filing Date/Time 11/13/2002 at 11:44 AM
Receipt Number 23247

Note:

THIS PAGE CONSTITUTES THE CLERK'S ENDORSMENT, REQUIRED BY SECTION 316A(5)&
319 OF THE REAL PROPERTY LAW OF THE STATE OF NEW YORK. DO NOT DETACH.


Thomas G. Clingan, County Clerk

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BECKMAN, MICHAEL JOSEPH		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK CTI2	4.b. PAY GRADE E5	5. DATE OF BIRTH (YYMMDD) 65SEP01	6. RESERVE OBLIG. TERM. DATE Year 96 Month FEB Day 16		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY ALBANY MEPS, NY		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) STUYVESANT, NY			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NSGA FT MEADE, MD		8.b. STATION WHERE SEPARATED PERSUPPDET FORT MEADE MD			
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS, LA			10. SGLI COVERAGE Amount: \$100,000.00 None		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) CTI 9201 - BASIC RUSSIAN LINGUIST 3YRS/7MOS X X X X X X X X X X X X		12. RECORD OF SERVICE a. Date Entered AD This Period 88 FEB 23 b. Separation Date This Period 94 FEB 22 c. Net Active Service This Period 06 00 00 d. Total Prior Active Service 00 00 00 e. Total Prior Inactive Service 00 00 06 f. Foreign Service 00 11 16 g. Sea Service 00 03 09 h. Effective Date of Pay Grade 91 AUG 16			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL, GOOD CONDUCT MEDAL (FIRST), ARCTIC SERVICE RIBBON, SOUTHWEST ASIAN SERVICE MEDAL, OVERSEAS SERVICE RIBBON, NAVY ACHIEVEMENT MEDAL, NAVY EXPEDITIONARY MEDAL. X X X					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) CTI "A" SCHOOL PHASE I 47WKS MAY89, CTI "A" SCHOOL PHASE II 17WKS JUN90, RUSSIAN EXTENDED INTERMEDIATE 27WKS FEB90, FLEET SUPPORT DIVISION APPRENTICE COURSE 1WK APR92, FIVE DAY AN/WLR-18 CLASSIC SALMON OPERATORS 1WK FEB93 X X X X X					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes No X	
16. DAYS ACCRUED LEAVE PAID 1.0					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS The information contained herein is subject to computer matching within the Department of Defense or with other affected Federal and non-federal agencies for verification purposes and to determine eligibility for, and continued compliance with, the requirements of the Federal benefits program. X					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 9107 CONTEE RD 202 LAUREL, MD 20708			19.b. NEAREST RELATIVE (Name and address - include Zip Code) RONALD J. BECKMAN 14402 GUNSTOCK WHEATON, MD 20903		
20. MEMBER REQUESTS COPY 6 BE SENT TO NY DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Michael Beckman</i>			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>E. Y. JENKINS, PNC (AW), USN, PERSOFF</i>		

DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete.

MEMBER 1

23. TYPE OF SEPARATION REL FM ACQU AND TRF TO NAV RES		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILBERSMAN 2620150		26. SEPARATION CODE LBK	27. REENTRY CODE RE1
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE DUTY			
29. DATES OF TIME LOST DURING THIS PERIOD TI NONE		30. MEMBER REQUESTS COPY 4 <i>MJR</i> Initials	

DD Form 214 NOV 88 S/N 0102 LF 006-5500 Previous editions are obsolete

MEMBER 4

FOP OVERSEAS INFORMATION CALL OTIS, (AV) 286-5932/34. WITHIN CONTINENTAL
UNITED STATES, CAI OLL FREE 1-800-327-8197 OR COI T (202) 746-5932/34.

STANDARD TRANSFER ORDER
NAVCOMPT FORM 536/NAVPERS 1326/11 (REV. 12-79) S/N 0104-LF-700-5367

STANDARD DOCUMENT NO.
008-90

NAME AND LOCATION OF TRANSFERRING SHIP OR STATION
DEFENSE LANGUAGE INSTITUTE, MONTEREY, CA UIC 31050
BY: PSD MONTEREY
UIC 43073
DATE PREPARED
17 JANUARY 90
AUTHORITY
NMPC TC-B0150/Z1
TRAVEL CLASS CODE
CIC: AGLB06AF

	NAME IN FULL	SSN	PAY GRADE, RATE AND NEG	CLASS	SR	HR	PR	PE
1	BECKMAN, MICHAEL JOSEPH		CTI3/E4 (0000/0000)	USN	1	1	1	1
2	AND NO OTHERS		(E4 LESS THAN TWO)					

PROCEED AS DIRECTED AND REPORT TO THE FOLLOWING STATIONS IN THE ORDER NAMED

INTERMEDIATE STATION
NAVTECHTRACEN DET GOODFELLOW AFB TX UIC 65804 FOR 17 WKS
ACC: 341 TEMDUINS IN CDP 6321 CLASS 9004 CLCVN 28 FEB 90
RPT NET/NLT 22/23 FEB 90. GRAD 27 JUN 90
NATURE OF DUTY
TEMPORARY DUTY
UNDER INSTRUCTION

INTERMEDIATE STATION
NONE
RPT NET DATE APPLIES FOR PAYMENT OF PER DIEM ONLY. MBR MAY RPT PRIOR
TO NET DATE IF DESIRED. FOR TEMDUINS AT UIC 65804: RPT TO PSD SAN ANGELO

INTERMEDIATE STATION
NONE
TX, BLDG 143B FOR ADMIN PURPOSES ONLY NOT EARLIER THAN 0800, 3 WORKING
DAYS AND NOT LATER THAN 0800, 1 WORKING DAY BEFORE CLCVN DATE. UPON
ARRIVAL IN TU CONTACT USAF LIASON DET ISTANBUL PHONE NR: 73948/732315.
NATURE OF DUTY

ULTIMATE DESTINATION
ACC: 100 NAVAL FIELD STATION, SINOP, TURKEY
UIC: 62869 FORDU IN BILLET 9201
FOR DUTY

DELAY AUTHORIZED (Counted as leave)
NUMBER OF DAYS: 30
TRAVEL/PROCEED TIME AUTHORIZED
NUMBER OF DAYS: 04TT/04PT
REPORT NOT LATER THAN
DATE: 25 JULY 90
HOUR: 2400

8914 RIVER RD BOX 6, STUYVESANT, NY 12173 TEL:(518)758-7060

SUPPLEMENTAL INSTRUCTIONS
SECNAVFIN NOT REQUIRED
EAOS: 92FEB22 + 24 MOS
PRD: JUL 91
LV BAL:
AUTH ADV TVL ALLOWANCES
"TO DETERMINE TVL ENTITLEMENT,
REFER OPNAVINST 3111.14U."

YOU ARE DIRECTED TO REPORT TO THE APPROPRIATE HOUSING REFERR
OFFICE PRIOR TO NEGOTIATING ANY AGREEMENT FOR OFF-BASE HOUSI
DEPNS RESTRICTED IN AREA.

R. L. NIXON, YN1 USN, ASSTMILPERSO

NEW ULDESTA MAILING ADDRESS:
CTI3 MICHAEL J. BECKMAN
USNFS
APO NEW YORK 09133

APPROPRIATION CHARGEABLE AND APPLICABLE ACCOUNTING DATA FOR TRAVELING AND PER DIEM EXPENSES INCURRED.

TAC	APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONT. NO.	SUB. AUTH. RATE	AUTH. ACCTG. ACTIVITY	TYPE (OPTARI)	PROP. ACCTG. ACTIVITY	COST CODE
NLBO	1701453.2253			D	000022	AG	LB0/6/A/F	LB0127629138
TEMDUINS PER DIEM ACCOUNTING DATA (Use limited to courses of instruction of less than 20 weeks in conjunction with PCS)								
	1701804.2280	000	00022/1		000022	2D	LB06AF	LB0127629138

ENTER FOLLOWING IN FISCAL DATA SECTION OF TRANSPORTATION REQUEST FROM PCS ACCOUNTING DATA

OMIT	SAME AS ABOVE	021	LEAVE BLANK	SAME AS ABOVE	SAME AS ABOVE	SAME AS ABOVE	ENTER ABOVE TRAVEL ORDER NO.	SAME AS ABOVE
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BY PRIVATELY OWNED VEHICLE	ZKTN125	CA	<input type="checkbox"/> GROUP	<input type="checkbox"/> CHARGE OF	LIST NO.	DATE
TRAVEL INDICATED IS DIRECTED								
<input checked="" type="checkbox"/> GOVT AIRCRAFT (Where available)	<input type="checkbox"/> COMMERCIAL	PRIORITY	III	FROM	CONUS	TURKEY		

DISBURSING OFFICER IS HEREBY AUTHORIZED AND DIRECTED TO FURNISH TRAVEL
PORTATION/EXPENSE AS MAY BE REQUIRED IN THE EXECUTION OF THIS ORDER.

TRANSFER CODE NO.
1200, 15 FEBRUARY 90
AUTHORITY AND SIGNATURE
R. L. NIXON
RANK
YN1 USN
TITLE
ASSTMILPERSOFF BY DI

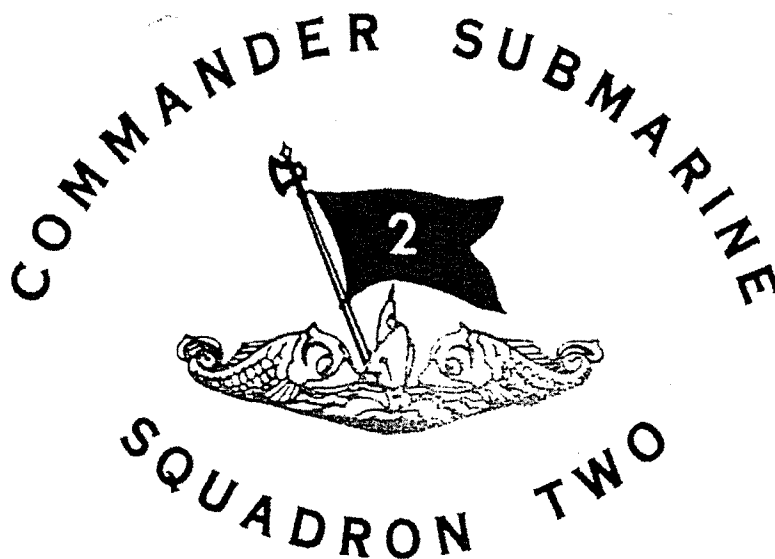
I HAVE READ AND UNDERSTAND THESE ORDERS AND INSTRUCTIONS
AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.
DELIVERED/NOTIFIED: 22 JANUARY 90

SIGNATURE OF TRAVELER OR SENIOR IN CHARGE
Michael Beckman
MICHAEL JOSEPH BECKMAN

NAVCOMPT FORM 536/NAVPERS 1326/11 (Rev. 12-79)
* G.P.O.: 1981-789-014/1190

"SUPPORT YOUR LOCAL RECRUITER." CALL THE NAVY RECRUITING
COMMAND'S TOLL FREE NUMBER (1-800-327-NAVY).

S/N 0104-LF-700-5367



The Commander Submarine Squadron TWO takes pleasure in commending

CRYPTOLOGIC TECHNICIAN (INTERPRETIVE) SECOND CLASS

MICHAEL J. BECKMAN

UNITED STATES NAVY

for services as set forth in the following

CITATION

For outstanding performance of his duties while serving as Cryptologic Direct Support Element Radio/Telephone Operator on board a Combatant Unit, United States Atlantic Fleet from June to August 1992. During this period, Petty Officer BECKMAN participated in a highly successful mission of vital importance to the national security of the United States. During this, his first deployment, his performance was characterized by outstanding technical ability and an intense determination to excel. Immersing himself in a thorough training program, he quickly gained a solid grasp of operations in a dense tactical environment, performing with the skills and abilities expected of a more senior operator. He consistently provided accurate, time-critical inputs which were directly relayed to the Commanding Officer and Officers of the Deck. Petty Officer BECKMAN's professionalism and loyal devotion to duty reflect great credit upon himself, the Submarine Service, and the United States Navy.

D. L. WHITFORD
Captain, U.S. Navy
Commander Submarine Squadron TWO