



Application for Corrected Tax Roll

RP-554
(12/19)

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

Names of owners DRAKELAND DAY CARE CENTER INC (JANICE PARKER)					
Mailing address of owners (number and street or PO box) 96 2ND ST			Location of property (street address) 86 THIRD ST		
City, village, or post office ALBANY		State NY	ZIP code 12210	City, town, or village ALBANY	
Daytime contact number 518-378-0073		Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.74-3-2	
Account number (as appears on tax bill) 10058			Amount of taxes currently billed 166.31		
Reasons for requesting a correction to tax roll: The levy for illegal trash should not have been on this tax bill. The amount turned over to Albany County was \$751.66. The corrected 2018 City of Albany Property Tax bill is \$166.31 2019					

I hereby request a correction of tax levied by Albany County for the year(s) 2018
(County, city, village, etc.)

Signature of applicant 	Date 7/22/2020
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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 7/22/2020	Period of warrant for collection of taxes 1/1/2019 - 12/31/2019
Last day for collection of taxes without interest 12/31/2019	Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official 	Date 7/27/2020

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 Albany 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)

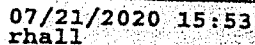
Application approved (mark an X in the applicable box):

Clerical error ☐ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed \$ 751.66	Corrected tax \$ 166.31
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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COUNTY OF ALBANY
Real Estate Tax Statement

P 1
txtaxstm

PARCEL: 06507400030020000000

LOCATION: 86 THIRD ST

OWNER:
DRAKELAND DAY CARE CENTER
INC
96 2ND ST
ALBANY NY 12210

STATUS:	
SQUARE FEET	0
LAND VALUATION	2,700
BUILDING VALUATION	0
EXEMPTIONS	0
TAXABLE VALUATION	2,700
INTEREST PER DIEM	165.37

LEGAL DESCRIPTION:

DEED DATE:

BOOK/PAGE:

INTEREST (DATE: 07/31/2020)

YEAR	TYPE	BILL	BILLED	PRIN DUE	INT DUE	TOTAL DUE
INST	CHARGE					
2019	RE-1	7064				
1	ALBANY WAT		166.31	166.31	14.93	201.24
	5 PERCENT		37.58	37.58	00	37.58
	OTHER CHAR		586.35	586.35	122.92	708.27
			789.24	789.24	157.85	947.09
			789.24	789.24	157.85	947.09
	AND TOTALS		789.24	789.24	157.85	947.09

PARTIAL PAYMENTS ARE NOT ACCEPTED WITHOUT AN INSTALLMENT AGREEMENT. IF ANY PARCEL REMAINS SUBJECT TO ONE OR MORE DELINQUENT TAX LIENS, THE PAYMENT YOU HAVE MADE WILL NOT POSTPONE THE ENFORCEMENT OF THE OUTSTANDING LIEN OR LIENS. CONTINUED FAILURE TO PAY THE ENTIRE AMOUNT OWED WILL RESULT IN THE LOSS OF THE PROPERTY(IES) PAYMENT MADE TO:

ALBANY COUNTY DIVISION OF FINANCE
112 STATE ST. ROOM 1340
ALBANY, NY 12207
TEL. 447-7082

\$35.00 WILL BE CHARGED FOR ANY RETURNED CHECK
INTEREST WILL INCREASE ON THE 1ST OF THE MONTH

Alix, Maggie

From: Debbie Perks <dperks@albanyny.gov>
Sent: Wednesday, July 22, 2020 3:04 PM
To: Alix, Maggie
Cc: Murray, Christina
Subject: FW: 86 Third street 2019 tax bill
Attachments: 86 Third st 2019.pdf; 876 third st 2019 corrected.pdf; 876 third st 2019 County bill.pdf; 876 third st 2019 app for corrected tax roll.pdf

Maggie, the last item is the App for Corrected Tax Roll. Thank you.

*Debra Perks CIA,CGAP,CRMA
Assistant City Treasurer
Albany, NY 12207
(518) 434-5038
dperks@albanyny.gov*

From: Debbie Perks
Sent: Wednesday, July 22, 2020 9:04 AM
To: Murray, Christina
Cc: Raina Tawil
Subject: 86 Third street 2019 tax bill

(The \$585.35 Illegal trash fee should be removed. This was put on the bill in error.)
I cannot find the form to fill out to do this with the County, attached are the orig. 2019 tax bill and the corrected one as well as the invoice from the County that the person brought in.

*Debra Perks CIA,CGAP,CRMA
Assistant City Treasurer
Albany, NY 12207
(518) 434-5038
dperks@albanyny.gov*

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FISCAL YEAR: 1/1/2019 to 12/31/2019	WARRANT 12/31/2018	ESTIMATED COUNTY STATE AID: \$90,121,595		
MAKE CHECKS PAYABLE TO:		BANK	BILL 216927	TAX MAP NUMBER 65.74-3-2

EXEMPTION	VALUE	FULL VALUE	TAX PURPOSE
NON P EDUC	2,700	2,700	C/T/S

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE FROM PRIOR YEAR LEVY	TAXABLE VALUE OR UNITS	RATE	TAX AMOUNT
HOMESTEAD PARCEL					
COUNTY TAX	17,417,764	-1.6	0.00	3.57475900	0.00
CITY TAX	58,550,000	0.0	0.00	10.85810000	0.00
ILLEGAL TRASH	0	0.0	585.35	1.00000000	585.35
DELINQUENT WATER	0	0.0	166.31	1.00000000	166.31

PAY BY	TAX AMOUNT	INTEREST	TOTAL DUE
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[illegible]

Corrected

MAKE CHECKS PAYABLE TO:

TO PAY IN PERSON:

PROPERTY INFORMATION:

PROPERTY OWNER:

EXEMPTION	VALUE	FULL VALUE	TAX PURPOSE
NON P EDUC	2,700	2,700	C/T/S

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

TOTAL BASE TAXES DUE: \$166.31

PAY BY	TAX AMOUNT	INTEREST	TOTAL DUE
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Note: Please refer to reverse side for important information.

**CITY OF ALBANY - 2019 PROPERTY TAXES
RECEIVER'S STUB**

SCHOOL: ALBANY

ACCOUNT #: 10058
BILL NUMBER: 216927
Tax Map #: 65.74-3-2
BANK CODE:

0000001005800