

Legal Counsel Approval



RL14-030

Introductory No. R14-17

Permanent No. R14-17



THE COUNCIL OF THE CITY OF BINGHAMTON  
STATE OF NEW YORK

Date: April 9, 2014

Sponsored by Council Members: Berg, Matzo, Motsavage, Webb, Rennia, Mihalko, Papastrat

Introduced by Committee: Finance

RESOLUTION

*entitled*

A RESOLUTION AUTHORIZING VARIOUS  
AMENDMENTS TO THE 2014 TAX ROLL,  
RESULTING FROM WAIVED GARBAGE  
VIOLATIONS

WHEREAS, applications to correct tax levy and tax rolls have been duly filed with or by the Assessor of the City of Binghamton; and

WHEREAS, pursuant to Real Property Tax Law §554 the Assessor of the City of Binghamton has determined that certain errors exist that should be corrected as set forth in the attached "Exhibit A".

NOW, THEREFORE, the Council of the City of Binghamton, duly convened in regular session, does hereby:

RESOLVE that pursuant to Real Property Tax Law §554 the Council of the City of Binghamton, as the tax levying body for the City of Binghamton, hereby authorizes the Mayor to execute any and all documents necessary to correct certain errors in the tax levy and tax rolls as set forth in the attached "Exhibit A", for the Assessor of the City of Binghamton to correct the tax rolls, and the Assessor to provide the corrected tax levy and tax rolls to the Broome County Real Property Tax Services.

I hereby certify the above to be a true copy  
of the legislation adopted by the Council  
of the City of Binghamton at a meeting  
held on 4/9/14. Approved by the  
Mayor on 4/14/14.





NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-554 (9/04)

225

APPLICATION FOR CORRECTED TAX ROLL  
FOR THE YEAR 20 14

**Part 1:** To be completed in duplicate by Applicant. APPLICANT MUST SUBMIT BOTH COPIES TO COUNTY DIRECTOR OF REAL PROPERTY TAX SERVICES. (In Nassau and Tompkins Counties, submit to Chief Assessing Officer). NOTE: To be used only prior to expiration of warrant for collection. For wholly exempt parcel, attach statement signed by assessor or majority of board of assessors substantiating that assessor(s) have obtained proof that parcel should have been granted tax exempt status on tax roll.

R&R HOLDING OF NY LLC  
1a. Name of Owner  
750 HOTCHKISS ROAD  
GREENE NY 13778  
1b. Mailing Address  
160.31-3-42

Day (607) 743-4075 Evening ( )  
2. Telephone Number  
158 CHAPIN ST  
BINGHAMTON NY  
3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. 00000200380  
6. Amount of taxes currently billed \$2,884.11

7. I hereby request a correction of tax levied by CITY OF BINGHAMTON  
(county/city/school district; town in Westchester County; non-assessing unit village)

for the following reasons (use additional sheets if necessary):  
Erroneous Garbage Violation Charge - cancel charge. Former Brm Cnty property  
1/31/14  
Date  
Paulen Penner  
Signature of Applicant

**PART II:** For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-31-14  
Period of warrant for collection of taxes: 1-14  
Last day for collection of taxes without interest: \_\_\_\_\_

Recommendation:  Approve application\*  Deny Application  
2-3-14  
Date  
Susan M. Pappalardo  
Signature of County Director

\* If box is checked, this copy is for assessor and board of assessment review of city/town/village of \_\_\_\_\_ which are to consider attached report and recommendation as equivalent to petition filed pursuant to section 553.

**PART III:** For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-17 (4/9/14):  
(Insert Number or Date)

APPLICATION APPROVED  
Amount of taxes currently billed: \$ \_\_\_\_\_  
Notice of approval mailed to applicant on (enter date): \_\_\_\_\_  
Order transmitted to collecting officer on (enter date): \_\_\_\_\_  
Corrected tax: \$ \_\_\_\_\_  
 APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office  
4/14/14  
Date  
Richard D. D'Amico  
Signature of Chief Executive Officer or Official Designated by Resolution

**Part IV. For use by COLLECTING OFFICER:**

Payment may be made without interest and penalties ONLY if (1) the application has been filed with the County Director during the period when taxes may be paid without interest (see "Date application received" in Part II of this form) AND (2) the corrected tax is paid within eight days of the date on which the notice of approval is mailed to the applicant (see Part III of this form). If either of these conditions is not satisfied, interest and/or penalties must be paid on the corrected tax.

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Order from tax levying body received:

Corrected tax due: \$ \_\_\_\_\_  
Interest and penalties (if applicable): \$ \_\_\_\_\_  
Total corrected tax due: \$ \_\_\_\_\_

\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

Tax roll corrected:

Tax bill corrected:

Application and Order annexed to tax roll:

Payment of corrected tax received:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-554 (9/04)

APPLICATION FOR CORRECTED TAX ROLL  
FOR THE YEAR 20 14

**Part 1:** To be completed in duplicate by Applicant. APPLICANT MUST SUBMIT BOTH COPIES TO COUNTY DIRECTOR OF REAL PROPERTY TAX SERVICES. (In Nassau and Tompkins Counties, submit to Chief Assessing Officer). NOTE: To be used only prior to expiration of warrant for collection. For wholly exempt parcel, attach statement signed by assessor or majority of board of assessors substantiating that assessor(s) have obtained proof that parcel should have been granted tax exempt status on tax roll.

R&R HOLDING OF NY LLC  
1a. Name of Owner  
750 HOTCHKISS ROAD  
GREENE NY 13778  
1b. Mailing Address  
160.31-3-42

Day(607) 743-4075 Evening ( )  
2. Telephone Number  
158 CHAPIN ST  
BINGHAMTON NY  
3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)  
5. Account No. 00000200380  
6. Amount of taxes currently billed \$2,884.11

7. I hereby request a correction of tax levied by CITY OF BINGHAMTON  
(county/city/school district; town in Westchester County; non-assessing unit village)

for the following reasons (use additional sheets if necessary): Erroneous Garbage

Violation Charge - Cancel Charge Former Brm County Property

1/31/14  
Date

Rauline Renier  
Signature of Applicant

**PART II:** For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-31-14 Period of warrant for collection of taxes: 1-1-14  
Last day for collection of taxes without interest: \_\_\_\_\_

Recommendation:  Approve application\*  Deny Application  
2-3-14 Date Susan M. Pappalardo Signature of County Director

\* If box is checked, this copy is for assessor and board of assessment review of city/town/village of \_\_\_\_\_ which are to consider attached report and recommendation as equivalent to petition filed pursuant to section 553.

**PART III:** For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-17 (4/9/14) :  
(Insert Number or Date)

APPLICATION APPROVED

Amount of taxes currently billed: \$ \_\_\_\_\_

Notice of approval mailed to applicant on (enter date): \_\_\_\_\_  
Order transmitted to collecting officer on (enter date): \_\_\_\_\_

Corrected tax: \$ \_\_\_\_\_

APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office

4/14/14  
Date

Richard David  
Signature of Chief Executive Officer  
or Official Designated by Resolution

**Part IV. For use by COLLECTING OFFICER:**

Payment may be made without interest and penalties ONLY if (1) the application has been filed with the County Director during the period when taxes may be paid without interest (see "Date application received" in Part II of this form) AND (2) the corrected tax is paid within eight days of the date on which the notice of approval is mailed to the applicant (see Part III of this form). If either of these conditions is not satisfied, interest and/or penalties must be paid on the corrected tax.

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Order from tax levying body received:

Corrected tax due: \$ \_\_\_\_\_  
Interest and penalties (if applicable): \$ \_\_\_\_\_  
Total corrected tax due: \$ \_\_\_\_\_

\_\_\_\_\_ Date

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-554 (9/04)

APPLICATION FOR CORRECTED TAX ROLL  
FOR THE YEAR 20 14

Part 1: To be completed in duplicate by Applicant. APPLICANT MUST SUBMIT BOTH COPIES TO COUNTY DIRECTOR OF REAL PROPERTY TAX SERVICES. (In Nassau and Tompkins Counties, submit to Chief Assessing Officer). NOTE: To be used only prior to expiration of warrant for collection. For wholly exempt parcel, attach statement signed by assessor or majority of board of assessors substantiating that assessor(s) have obtained proof that parcel should have been granted tax exempt status on tax roll.

Michael Kwok  
1a. Name of Owner  
27 Roosevelt Ave  
Binghamton, NY 13901  
1b. Mailing Address  
Day (607) 741-0312 Evening ( )  
2. Telephone Number  
Same  
144.35-1-17  
3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)  
5. Account No. 00001310630 6. Amount of taxes currently billed \$2,341.52  
7. I hereby request a correction of tax levied by City of Binghamton  
(county/city/school district town in Westchester County; non-assessing unit village)  
for the following reasons (use additional sheets if necessary): Garbage Violation that rolled to taxes which was prior owners. charge waived  
1/31/14 Date  
Paulene Penrose Signature of Applicant

PART II: For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-31-14 Period of warrant for collection of taxes: 1-1-14  
Last day for collection of taxes without interest: \_\_\_\_\_  
Recommendation:  Approve application\*  Deny Application  
2-4-14 Date  
Suzanne M. Pugh Signature of County Director

\* If box is checked, this copy is for assessor and board of assessment review of city/town/village of \_\_\_\_\_ which are to consider attached report and recommendation as equivalent to petition filed pursuant to section 553.

PART III: For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-17 (4/9/14):  
(Insert Number or Date)

APPLICATION APPROVED Amount of taxes currently billed: \$ \_\_\_\_\_  
Notice of approval mailed to applicant on (enter date): \_\_\_\_\_ Corrected tax: \$ \_\_\_\_\_  
Order transmitted to collecting officer on (enter date): \_\_\_\_\_  
 APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office  
4/19/14 Date  
Richard David Signature of Chief Executive Officer or Official Designated by Resolution

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Order from tax levying body received:

Corrected tax due: \$ \_\_\_\_\_  
Interest and penalties (if applicable): \$ \_\_\_\_\_  
Total corrected tax due: \$ \_\_\_\_\_

\_\_\_\_\_ Date

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR CORRECTED TAX ROLL  
FOR THE YEAR 20 14

Part 1: To be completed in duplicate by Applicant. APPLICANT MUST SUBMIT BOTH COPIES TO COUNTY DIRECTOR OF REAL PROPERTY TAX SERVICES. (In Nassau and Tompkins Counties, submit to Chief Assessing Officer). NOTE: To be used only prior to expiration of warrant for collection. For wholly exempt parcel, attach statement signed by assessor or majority of board of assessors substantiating that assessor(s) have obtained proof that parcel should have been granted tax exempt status on tax roll.

Michael Kwok  
1a. Name of Owner  
27 Roosevelt Ave  
Binghamton, NY 13901  
1b. Mailing Address  
Day (607) 241-0312 Evening ( )  
2. Telephone Number  
Same  
144.35-1-17  
3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)  
5. Account No. 00001310630 6. Amount of taxes currently billed \$2,341.52

7. I hereby request a correction of tax levied by City of Binghamton  
(county/city/school district, town in Westchester County; non-assessing unit village)

for the following reasons (use additional sheets if necessary): Garbage violation that rolled to taxes which was prior owners charge waived

1/31/14 Date  
Paulene Remose Signature of Applicant

PART II: For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-31-14 Period of warrant for collection of taxes: 1-1-14  
Last day for collection of taxes without interest: \_\_\_\_\_

Recommendation:  Approve application\*  Deny Application  
2-4-14 Date Steven M. Pugh Signature of County Director

\* If box is checked, this copy is for assessor and board of assessment review of city/town/village of \_\_\_\_\_ which are to consider attached report and recommendation as equivalent to petition filed pursuant to section 553.

PART III: For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 19-17 (4/9/14) :  
(Insert Number or Date)

APPLICATION APPROVED Amount of taxes currently billed: \$ \_\_\_\_\_

Notice of approval mailed to applicant on (enter date): \_\_\_\_\_ Corrected tax: \$ \_\_\_\_\_  
Order transmitted to collecting officer on (enter date): \_\_\_\_\_

\_\_\_\_\_  
APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office  
4/14/14 Date  
Richard D. Doid Signature of Chief Executive Officer or Official Designated by Resolution

Part IV. For use by COLLECTING OFFICER:

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Order from tax levying body received:

\_\_\_\_\_ Date

Corrected tax due: \$ \_\_\_\_\_

Interest and penalties (if applicable): \$ \_\_\_\_\_

Total corrected tax due: \$ \_\_\_\_\_

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR CORRECTED TAX ROLL  
FOR THE YEAR 20 14

Part 1: To be completed in duplicate by Applicant. APPLICANT MUST SUBMIT BOTH COPIES TO COUNTY DIRECTOR OF REAL PROPERTY TAX SERVICES. (In Nassau and Tompkins Counties, submit to Chief Assessing Officer). NOTE: To be used only prior to expiration of warrant for collection. For wholly exempt parcel, attach statement signed by assessor or majority of board of assessors substantiating that assessor(s) have obtained proof that parcel should have been granted tax exempt status on tax roll.

E H TITCHENER CO  
1a. Name of Owner  
4821 MARSHALL DR E  
VESTAL NY 13850  
1b. Mailing Address  
160.23-2-25

Day( ) Evening ( )  
2. Telephone Number  
2 TITCHENER PL  
BINGHAMTON NY  
3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)  
5. Account No. 00000122908  
6. Amount of taxes currently billed \$376

7. I hereby request a correction of tax levied by CITY OF BINGHAMTON  
(county/city/school district; town in Westchester County; non-assessing unit village)

for the following reasons (use additional sheets if necessary): Erroneous Property  
clean up charge, cancel tax. Violation to Wm. Hopper not owner  
in Corp Council illegal dumping  
1/31/14 Date  
Pauline Penrose Signature of Applicant

PART II: For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-31-14 Period of warrant for collection of taxes: 1-1-14  
Last day for collection of taxes without interest: \_\_\_\_\_  
Recommendation:  Approve application\*  Deny Application  
2-3-14 Date [Signature] Signature of County Director

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PART III: For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-17 (4/9/14) :  
(Insert Number or Date)

APPLICATION APPROVED Amount of taxes currently billed: \$ \_\_\_\_\_  
Notice of approval mailed to applicant on (enter date): \_\_\_\_\_ Corrected tax: \$ \_\_\_\_\_  
Order transmitted to collecting officer on (enter date): \_\_\_\_\_  
 APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office  
4/14/14 Date  
[Signature] Signature of Chief Executive Officer or Official Designated by Resolution

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Order from tax levying body received:

\_\_\_\_\_ Date

Corrected tax due: \$ \_\_\_\_\_

Interest and penalties (if applicable): \$ \_\_\_\_\_

Total corrected tax due: \$ \_\_\_\_\_

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR CORRECTED TAX ROLL  
FOR THE YEAR 20 14

Part 1: To be completed in duplicate by Applicant. APPLICANT MUST SUBMIT BOTH COPIES TO COUNTY DIRECTOR OF REAL PROPERTY TAX SERVICES. (In Nassau and Tompkins Counties, submit to Chief Assessing Officer). NOTE: To be used only prior to expiration of warrant for collection. For wholly exempt parcel, attach statement signed by assessor or majority of board of assessors substantiating that assessor(s) have obtained proof that parcel should have been granted tax exempt status on tax roll.

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160.23-2-25  
Day( ) Evening ( )  
2. Telephone Number  
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BINGHAMTON NY  
3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)  
5. Account No. 00000122908  
6. Amount of taxes currently billed \$376

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for the following reasons (use additional sheets if necessary): Erroneous Property  
clean up charge. Cancel tax. Violation to Wm Hopper  
not property owner  
1/31/14 Pauline Penrose illegal dumping  
Date Signature of Applicant

PART II: For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-31-14 Period of warrant for collection of taxes: 1-14  
Last day for collection of taxes without interest: \_\_\_\_\_

Recommendation:  Approve application\*  Deny Application  
2-3-14 Sharon M. Pappas  
Date Signature of County Director

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PART III: For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-17 (4/9/14) :  
(Insert Number or Date)

APPLICATION APPROVED Amount of taxes currently billed: \$ \_\_\_\_\_  
Notice of approval mailed to applicant on (enter date): \_\_\_\_\_ Corrected tax: \$ \_\_\_\_\_  
Order transmitted to collecting officer on (enter date): \_\_\_\_\_

APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office 4/19/14 Richard D. D'Amico  
Date Signature of Chief Executive Officer or Official Designated by Resolution

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Order from tax levying body received:

Corrected tax due: \$ \_\_\_\_\_  
Interest and penalties (if applicable): \$ \_\_\_\_\_  
Total corrected tax due: \$ \_\_\_\_\_

\_\_\_\_\_ Date

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer