Legal Counsel Approval _____

RL14-013

Introductory No. R14-7

Permanent No. R14-7

THE COUNCIL OF THE CITY OF BINGHAMTON
STATE OF NEW YORK

Date: February 19, 2014

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

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 roll as set forth in the attached "Exhibit A", for the Assessor of the City of Binghamton correct the tax roll, and for 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 2/19/14. Approved by the Mayor on 2/20/14.

Introductory No. R14-7

Permanent No. R14-7

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

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

The within Resolution was adopted by the Council of the City of Binghamton.

FEBRUARY 19, 2014
Date

City Clerk

FEBRUARY 20, 2014
Date Presented to Mayor

2/20/14
Date Approved

Mayor

	Ayes	Nays	Abstain	Absent
Motsavage	✓			
Mihalko	✓			
Rennia	✓			
Webb	✓			
Papastrat	✓			
Matzo	✓			
Berg	✓			
Total	7	0	0	0

☐ Code of the City of Binghamton

☑ Adopted ☐ Defeated

7 Ayes 0 Nays 0 Abstain 0 Absent

RP-554 (9/04)

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.

Anh The Ly
1a. Name of Owner

Day(607) 725-8340 Evening ( )
2. Telephone Number

56 North Street
Binghamton, NY 13905
1b. Mailing Address

510 Chenango St.
Binghamton, NY 13901
3. Parcel Location (if different than 1b.)

144.51-3-55
4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. 0000130 4270

6. Amount of taxes currently billed $1,006.44

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): $50.00 Property Clean-up rolled waived after Rolling should be for 510.5 Chenango St.

1/14/14
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: 1-16-14 Period of warrant for collection of taxes: 1-1-14

Last day for collection of taxes without interest: _____

Recommendation: ☒ Approve application* ☐ Deny Application

1-17-14
Date

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** 14-7 (2/19/14):
(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

2/19/14
Date

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.

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

RP-554 (9/04)

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

APPLICATION FOR CORRECTED TAX ROLL
FOR THE YEAR 20 14

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WAYNE & MICHELLE DRAKE
1a. Name of Owner

Day (607) 849-3855 Evening ( )
2. Telephone Number

4227 DEANS POND RD
MARATHON, NY 13803
1b. Mailing Address

39 LAKE AVE
BINGHAMTON, NY
3. Parcel Location (if different than 1b.)

143.67-2-14
4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. _____

6. Amount of taxes currently billed $2,208.02

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 ARREARS PLACED ON PROPERTY - THE VIOLATION WAS WAIVED BY DPW

1-8-14
Date

Pauline Amore
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: 1-16-14 Period of warrant for collection of taxes: 1-1-14

Last day for collection of taxes without interest: _____

Recommendation: ☒ Approve application* ☐ Deny Application

1-27-14
Date

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** 14-7 (2/19/14):
(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

2/19/14
Date

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

RP-554 (9/04)

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

APPLICATION FOR CORRECTED TAX ROLL FOR THE YEAR 20 14

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JOSEPH & PEGGIE GEHL
1a. Name of Owner

Day (607) 754-3486 Evening ( )
2. Telephone Number

107 BORNT HILL ROAD
ENDICOTT, NY 13760
1b. Mailing Address

2 LUCY ST
BINGHAMTON, NY
3. Parcel Location (if different than 1b.)

160.59-4-26
4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. _____

6. Amount of taxes currently billed $1,691.93

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 ARREARS PLACED ON PROPERTY - THE VIOLATION WAS WAIVED BY DPW

1/8/14
Date

Pauline Gehl
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: 1-16-14

Period of warrant for collection of taxes: 1-1-14

Last day for collection of taxes without interest: _____

Recommendation: ☒ Approve application* ☐ Deny Application

1-17-14
Date

Signature of County Director

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PART III: For use by **TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION** 14-7 (2/19/14):
(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

2/19/14
Date

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

RP-554 (9/04)

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

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ZAN C HEATH
1a. Name of Owner

Day (607) 427-7524 Evening ( )
2. Telephone Number

PO BOX 2686
BINGHAMTON NY 13902
1b. Mailing Address

199 S. WASHINGTON
BINGHAMTON, NY
3. Parcel Location (if different than 1b.)

176.41-1-41
4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. _____

6. Amount of taxes currently billed $928.08

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 ARREARS PLACED ON PROPERTY - THE VIOLATION WAS WAIVED BY DPW

1/8/2014
Date

Pauline Renore
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: 1-16-14

Period of warrant for collection of taxes: 1-1-14

Last day for collection of taxes without interest: _____

Recommendation: ☒ Approve application* ☐ Deny Application

1-17-14
Date

Signature of County Director

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(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

2/19/14
Date

Signature of Chief Executive Officer
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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