



**THE COUNCIL OF THE CITY OF BINGHAMTON
STATE OF NEW YORK**

Date: February 17, 2016

Sponsored by Council Members: Mihalko, Matzo, Papastrat, Scaringi, Cronce, Taylor, Berg

Introduced by Committee: Finance

RESOLUTION

entitled

**A RESOLUTION AUTHORIZING VARIOUS
AMENDMENTS TO THE 2016 TAX ROLLS, FOR
PROPERTIES OWNED BY BROOME COUNTY**

WHEREAS, applications to correct 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 or proper 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 make such corrections, and for the Assessor to provide the corrected tax roll to the Broome County Director of Real Property Tax Services.

Introductory No. RI6-40

Permanent No. R 16-40

Sponsored by City Council Members:
Mihalko, Matzo, Papastrat, Scaringi, Cronce, Taylor, Berg

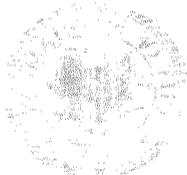
**A RESOLUTION AUTHORIZING VARIOUS
AMENDMENTS TO THE 2016 TAX ROLLS, FOR
PROPERTIES OWNED BY BROOME COUNTY**

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

Date 2/17/16
Leighton C. Longo
City Clerk

Date Presented to Mayor
2/18/16

Date Approved
2/18/16
Michael J. D'Amico
Mayor



| | Ayes | Nays | Abstain | Absent |
|----------------------|----------|----------|---------|--------|
| Councilman Scaringi | ✓ | | | |
| Councilman Mihalko | ✓ | | | |
| Councilwoman Cronce | ✓ | | | |
| Councilman Taylor | ✓ | | | |
| Councilman Matzo | ✓ | | | |
| Councilman Berg | ✓ | | | |
| Councilman Papastrat | ✓ | | | |
| Total | 7 | 0 | | |

Code of the City of Binghamton

Adopted Defeated

7 Ayes 0 Nays Abstain Absent

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 2/17/16. Approved
by the Mayor on 2/18/16.



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 15

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.

NYS Susquehanna Rlwy Corp
1a. Name of Owner _____ Day() _____ Evening () _____
1 Railroad Ave. _____ 2. Telephone Number _____

Cooperstown, NY 13326 _____ RR Ceiling _____
1b. Mailing Address _____ 3. Parcel Location (if different than 1b.) _____
030200 160.26-3-3 _____

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

5. Account No. 00001101110 _____ 6. Amount of taxes currently billed _____

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): Assessed value entered incorrectly should have
been \$276,838 in Final Roll not 362,900

1/12/16 _____ Date _____ [Signature] _____ 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: 1-12-16 _____ Period of warrant for collection of taxes: 1-1-16 _____
Last day for collection of taxes without interest: _____

Recommendation: Approve application* Deny Application
1-15-16 _____ Date _____ [Signature] _____ 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 _____ :
(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 _____
_____ Date _____ Signature of Chief Executive Officer or Official Designated by Resolution



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 15

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.

NYS Susquehanna & Western RR
Ia. Name of Owner _____ Day() _____ Evening () _____
2. Telephone Number _____

1 Railroad Ave. c/o Delaware Otsego Corp.
Cooperstown, NY 13326
Ib. Mailing Address _____ RR Ceiling _____
030200 77-0077-772 _____ 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. 00001470000 6. Amount of taxes currently billed _____

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): Duplicate bill, should be removed from roll section 7

Delete Parcel
1/12/16
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: 1-12-16 Period of warrant for collection of taxes: 1-1-16

Last day for collection of taxes without interest: _____

Recommendation: Approve application* Deny Application

1-15-16
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 _____:
(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

_____ Date _____ Signature of Chief Executive Officer or Official Designated by Resolution