



TOWN OF BROOKHAVEN

OFFICE OF THE ASSESSOR

One Independence Hill, Farmingville, New York 11738

Phone: (631) 451-6300

Fax: (631) 451-6379

Edward P. Romaine, Supervisor

Richard P. DeBragga, Assessor

Assessment Estimate for Apportionment/Consolidation

Name & Mailing Address

Tax Map #s _____

Item #'s

Physical Address

Phone # _____

Please provide as much detail as possible and provide a current survey.

Is this estimate for a consolidation _____ or an apportionment _____?

For each parcel please indicate:

Tax map # _____ Dimensions _____ Acreage _____

Tax map # _____ Dimensions _____ Acreage _____

Tax map # _____ Dimensions _____ Acreage _____

What will be the acreage & dimensions of the new parcel(s)? Please indicate on the survey.

If this is for a consolidation, are all deeds in **EXACTLY** the same name? _____

*If not, all deeds need to be in exactly the same name before consolidation can be completed.

Any additional information _____

Signature _____

Assessment Estimate

From: Land _____
Total _____

To: Land _____
Total _____

Item #: _____

If there are any questions concerning **this estimate form only**, please call the Assessor's Office between the hours of 9 am and 4:30 pm Monday through Friday.

**THIS ESTIMATE IS SUBJECT TO FIELD VERIFICATION OF ALL DATA.
THE FIGURES GIVEN IN THIS ESTIMATE ARE GOOD FOR ONE YEAR FROM THE DATE OF ESTIMATE.**

Date: _____

Assessor: _____