



235 Candlewood Path, Dix Hills, New York 11746
Office: (631) 242-1213 • E-mail: taxes@platinumgroupllc.com

DESIGNATION OF REPRESENTATIVE AND AUTHORIZATION ROCKLAND/ORANGE/PUTNAM COUNTY 2024-2025

Designation of Representative: I, (Print Name) _____, as petitioner (or officer thereof) hereby retain and designate Platinum Tax Grievances, herein after referred to as PTG, as my sole agent in any and all proceedings before the Board of Assessment Review and/or Small Claims assessment review of the Supreme Court, and any other proceeding pursuant to New York State Real Property Tax Law for the purpose of reviewing the assessment of my real property as it appears on the most recent assessment roll of any assessing unit for my property. PTG will prepare and file in a timely manner on my behalf the necessary grievance documents and, at PTG's discretion, file a Small Claims Assessment Review (SCAR) appeal. In addition, PTG is authorized to request and receive any refunds resulting from the lowering of the real property assessment and apply it to their fee; all remaining funds will be immediately reimbursed to me. I warrant and represent that I have full power and authority to enter into this Agreement, and am under no disability or prohibition that would prevent the performance of the obligations hereunder.

Eligibility: I understand that only the following person(s) is eligible under law to receive a property tax refund: 1) a person named in the records of the county clerk as a homeowner; or 2) the homeowner's agent; or 3) a contract vendee; or 4) the estate of a deceased homeowner. By signing this agreement, I hereby declare that I am one of the aforementioned listed persons and therefore eligible to receive a property tax refund.

Retainer Agreement: I agree to pay PTG as follows:

- 50% of the first year's savings on my real estate taxes resulting from a reduction in assessment of property, due within thirty (30) days of a reduction. This fee will not include savings resulting from any exemptions, including the STAR exemption.
• If filing a SCAR appeal becomes necessary, PTG agrees to advance the \$30 court filing fee, to be billed to me only upon a successful assessment reduction.
• In the event a usable appraisal is not provided to PTG, an appraisal fee \$75 may apply (upon winning grievance only).
• In the event PTG brings an action to enforce a breach of this agreement, it is mutually agreed that a reasonable attorneys fee is 33 1/3% (thirty-three and one-third percent) of the amount due and owing, with interest to be compounded at a rate of 1 1/2 (one and one-half percent) per month, per annum.
• In the case of a duplicate filing for 2024/2025, I agree to pay PTG in full as stated above. I attest that I did not file a tax grievance for the 2024/2025 year with anyone other than PTG. If a grievance was filed in 2024/2025, I agree to pay PTG the sum of \$350 for their time, effort and fees within 30 days of notification.

By signing this authorization, I acknowledge and understand the following:

- 1) I am not required by law to use a tax reduction service to apply for a reduction in assessment.
2) No fee is due PTG unless my tax assessment is reduced.
3) PTG is not a government agency and is not affiliated with any government agency.
4) PTG will make reasonable efforts to fully communicate the terms of any settlement made in the course of a tax assessment review proceeding, other than a hearing or trial.
5) PTG is authorized to fully negotiate a settlement should an immediate decision about an offer need to be made.
6) Filing a property tax grievance does not guarantee a reduction.
7) I can cancel within three (3) days of signing this agreement, without penalty, by written notice to PTG.
8) If the home is sold prior to finalization of the grievance, the seller is responsible for fees incurred unless the new homeowner assumes responsibility of the grievance by signing an authorization form with PTG.
9) PTG will not give, share, or sell any of my personal or confidential information.
10) This agreement may only be modified in writing signed by all parties.
11) Any part of this authorization agreement that is deemed unlawful does not void the remaining parts of this agreement.
12) A facsimile or electronic copy of this Agreement shall be deemed an original for all purposes, and may be signed in counterparts.

I have fully read, understand, and agree to the terms and conditions of this agreement.

Signature of Owner _____

Print Full Name _____

Date _____

Property Address _____ Town _____ State _____ Zip Code _____

Phone # _____ Email _____
Tax Map Info: District: _____ Section _____ Block _____ Lot _____

Referred By: _____



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Complete this form to the best of your ability.

Name of Homeowner Social Security #

Address of Homeowner City, State and Zip Code

Mailing Address of Owner (if different) City, State and Zip Code

Home Phone Cell Phone E-mail Address

Inc. Village (if any) School District Cross Street

Home Style: [] Cape [] Colonial [] Condo/Townhouse [] High Ranch [] Ranch
[] Splanch [] Split [] Victorian [] Other:

Year Built Approx. sq. ft. Lot Size Condition # Stories

Rooms # Bedrooms # Full Bathrooms # Half Bathrooms # Kitchens

Basement: [] Yes [] No [] Full / [] Partial [] Fully Finished / [] Partially Finished (___% Finished)

Garage: [] Yes [] No Garage Size: _____ (# of cars)

Waterfront: [] Yes [] No Water View: [] Yes [] No

Central Air: [] Yes [] No # of Fireplace(s): _____ In-Ground Pool: [] Yes [] No

Purchase Date: _____ Purchase Amount: \$ _____

Do you live in the home? [] Yes [] No

Was this a foreclosure, distress, estate, short, or family sale? [] Yes [] No _____

Any negative aspects of your home that might affect its value? [] Yes [] No _____

Property offered for sale within the last 3 years? [] Yes [] No For Sale Date: _____

Asking Price: \$ _____

What do you believe the property and home are worth (market value)? \$ _____

Did you read and sign the authorization accompanying this form? [] Yes [] No

If you are moving or planning to move, please fill out the information below so we can expedite any refund that may be due to you. Once you have a forwarding address, it is YOUR responsibility to inform us.

New Address (Street, City, State and Zip Code) Effective Date

New Phone #

Please return the completed form and signed authorization to our office.

Mail: Platinum Tax Grievances
235 Candlewood Path
Dix Hills, NY 11746

E-mail: taxes@platinumgroupllc.com