

FEENEY & DIXON, L.L.C.

COUNSELLORS AT LAW

DAVID C. DIXON†
JOHN F. FEENEY
(1939-2019)
†MEMBER NJ AND DC BAR

620 NEWARK POMPTON TURNPIKE, SUITE TWO
POMPTON PLAINS, NEW JERSEY 07444
(973) 839-5100 FAX (973) 839-4203
E-MAIL: LAWOFFICE@FEENEYDIXON.COM

TAX APPEAL CLIENT INFORMATION SHEET

Name(s): _____ Date: _____

Address: _____

Telephone No(s): _____ E-mail: _____

Social Security No(s): XXX-XX-_____
(last 4 digits only) Date of birth: _____

Company/Employer: _____

Company/Employer

Address: _____

Company/Employer

Telephone No(s): _____ E-mail: _____

Brief description of matter(s):

Please provide the following information prior to your initial conference. This will help us to answer your questions more precisely and get you started on the tax appeal analysis process.

Sale Price: _____ Date of sale/purchase: _____ Year Built: _____

Current Assessment: Land: \$_____ Impr.: \$_____ Total: \$_____

No. of Rooms: ___ No. of Bedrooms: ___ No. of Bathrooms: ___

Total Living Space (sf): _____ No. of Dwelling Units: _____

Garage? Yes No Size (sf): _____ No. of Spaces: _____

Basement? Yes No Size (sf): _____ Finished? Yes No

Lot Size (sf/ac): _____ Zoning: _____ Current Taxes: \$_____

Tax Lot No.: _____ Block No.: _____

Property Type:

<input type="checkbox"/> ½ Duplex	<input type="checkbox"/> A-Frame	<input type="checkbox"/> Bi-Level
<input type="checkbox"/> Cape Cod	<input type="checkbox"/> Carriage House	<input type="checkbox"/> Bungalow
<input type="checkbox"/> Chalet	<input type="checkbox"/> Colonial	<input type="checkbox"/> Contemporary
<input type="checkbox"/> Converted Structure	<input type="checkbox"/> Custom Home	<input type="checkbox"/> Townhome
<input type="checkbox"/> Expanded Ranch	<input type="checkbox"/> Executive Ranch	<input type="checkbox"/> Ranch
<input type="checkbox"/> Raised Ranch	<input type="checkbox"/> Split Level	<input type="checkbox"/> Tudor

Please provide copies of the following, if available:

- Property Record Card
- Tax Assessment Notice
- Residential Appraisal Report (< 3 years old)
- Comparative Market Analysis (< 12 mos. old)

For commercial or industrial properties, please also provide:

- Copies of all leases to the premises, or certified rent roll
- Copies of any Chapter 91 requests received from the tax assessor (“ANNUAL STATEMENT OF INCOME AND EXPENSES FOR INCOME PRODUCING PROPERTIES (Request made pursuant to N.J.A.C. 18:12A-1.8 and N.J.S.A. 54:4-34)”) for the past three (3) years.

Have you ever been represented by or consulted with this firm or its attorneys on any prior matter?

Yes No

If yes, please describe the prior matter:

Have you, or any member of your family, ever been involved in any prior matter, in which this firm or its attorney(s) represented an adverse or opposing party?

Yes No

If yes, please describe the prior matter:

Prospective Client Signature:

X _____
(Date)

Proposed method of payment:

Cash Check Credit/Debit*

Check - Acct. #: _____

Bank name: _____

Credit/Debit - Acct. #: _____

SID# _____ Exp. Date: _____

*Point-of-sale credit card charges only. Copy of card must be on-file in order to accept remote/telephone credit card charges. (See Credit Card Authorization Form, annexed)

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVV No. _____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize Feeney & Dixon, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date