TOWN OF MILAN

Dutchess County, New York

Wilcox Memorial Town Hall
20 Wilcox Circle, Milan NY 12571

Telephone: 845-758-5133
www.milan-ny.gov

PROPERTY ACCESS AUTHORIZATION FORM

TOWN OF MILAN ASSESSOR'S OFFICE

The Town of Milan Assessor's Office is required to maintain accurate property records and assessments. In order to do so, access to your property may be necessary to verify property characteristics.

By completing and signing this form, you are granting permission for the Assessor or a designated representative to access your property for assessment purposes.

Granting permission for access DOES NOT waive any of your legal rights or protections. This authorization is voluntary. You may revoke this authorization at any time in writing prior to the scheduled inspection.

REASONS FOR CONDUCTING APPRAISALS

The Town of Milan Assessor's Office conducts property appraisals for the following reasons:

1. For updating records based on new or existing building permits.
2. For conducting routine town-wide reappraisals.
3. To ensure assessments are fair, accurate, and equitable for all properties.

1. PROPERTY INFORMATION

Owner Name(s):	
Property Address:	
Parcel ID:	Phone Number:
Mailing Address (if different):	
Email Address (optional):	

2. AUTHORIZATION

I/We authorize the Town of Milan Assessor or a designated representative to access the property listed above for the purpose of conducting an assessment inspection.

☐ Exterior Inspection Only (Anytime) ☐ Exterior and Interior Inspection (Scheduled)

Preferred Date/Time (if applicable): _____

Special Instructions (gate code, pets, etc.): _____

_____

FOR OFFICE USE ONLY

Date Received: _____

Inspection Scheduled: _____

Assessor/Representative: _____

_____

Date of Inspection: _____

Time of Inspection: _____

Inspection Completed: _____

Notes: _____

_____

_____

_____

3. ACKNOWLEDGMENT

I understand that this inspection is for assessment purposes only and does not waive my legal rights. I may revoke this authorization at any time by notifying the Assessor's Office in writing prior to the scheduled inspection.

Owner Signature: _____ Date: _____

Printed Name: _____

Co-Owner Signature (if applicable): _____ Date: _____

Printed Name: _____