

NH DEPARTMENT OF REVENUE ADMINISTRATION
Municipal and Property Bureau
Equalization Bureau



**2023 MUNICIPAL ASSESSMENT
DATA CERTIFICATE**

MUNICIPALITY: _____

We, the undersigned, do hereby certify that the assessment and sales information provided by us on the NH Mosaic Equalization System has been thoroughly reviewed by this Board and is complete and accurate to the best of our knowledge.

We understand that this information will be used by the NH Department of Revenue Administration to calculate the municipality's equalization ratio. The equalization ratio will be used to calculate the total equalized valuation for this municipality.

SIGNATURES OF MUNICIPAL ASSESSING OFFICIALS

DATE

(Must be signed by a majority of Selectmen, if a Town, or Assessor, if a City)

Name of Contact Person: _____

E-mail Address: _____

Office Phone Number: _____

Office Hours: _____

(Note: If your office keeps irregular hours, please provide an alternate means of contacting you.)

(Please check appropriate box, if applicable)

Full Reval Cyclical Reval Cyclical in Progress Partial Reval Statistical Reval
(Values Updated)

Name of Company Performing Revaluation Work: _____

(Please state if done In-House)

COMMENTS: _____

Please upload to: ratiostudy.org