

**2022
EQUALIZATION
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.

SIGNATURE OF ASSESSING OFFICIALS

*(Selectmen if Town; must be signed by a majority)
(Assessor if City)*

DATE

_____	_____
_____	_____
_____	_____
_____	_____

NAME OF CONTACT PERSON: _____ EMAIL: _____

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 Update/Statistical
(values updated)

NAME OF COMPANY DOING REVALUATION WORK: _____

(Please state if done in-house)

COMMENTS: _____

Please upload to: ratiostudy.org