

Property Assessment Consultants of Western New York 145 Glen Avenue, Williamsville, NY 14221 (716) 906-8104 e-mail: customerservice@pacwny.com

I,	, as owner(s) or duly authorized representative (s) of				
real property located at		(Street)	(City),	(State),	
(Zip), bearing S.B.L Number(s) and currently assessed at				ssessed at	
\$ based on a	100% equalization rat	te ("Property") ("C	Client"), hereby retain	and authorize G.	
Patrick Lester and/or Bria	n D. Lester and Proper	ty Assessment Co	onsultants of Western	New York	
(hereinafter "PACWNY")	, to seek a reduction in	the Property's 20	23 assessment and/or	2024 tentative	
assessment prior to issuan	ce of the town/city of		's final assessment	roll for the tax	
year 2024. Client agrees t	hat the compensation t	to be paid to PAC	WNY will be equal to	one-half (50%)	
of the first year's moving	forward aggregate pro	perty tax savings	(based upon current i	rates for town/city,	
school, county and special	ŕ		roperty based on any	reduction of the	
Property's 2023 assessmen	nt and/or 2024 tentative	e assessment.			
If no reduction in the ter In the event of a reduction fee owing PACWNY with assessment, with interest a unpaid part of the sum bill timely manner, Client sha such fee.	in the Property's assessing thirty (30) days after such time at one a led. Client agrees that	essment, Client, its er confirmation of and one-half perce in the event the fe	successors and/or ass any successful reducent (1.5%) per month es, as above defined,	signs, shall pay the tion in the level of therein upon the are not paid in a	
PACWNY does not engage with any potential assessme PACWNY may cooperate this agreement. However, filing fees, court fees, app	nent reduction referred with any qualified cou Client agrees to pay al	herein, including unsel, based upon ll actual court/atto	filing appropriate course the same contingent to bring costs, including	urt action, fee stipulated in but not limited to	
This agreement is in effections consent, once action has be	•	•	be terminated without	t prior written	
PACWNY Client	Signa	ature	Title	_	
Email	Phone	Date	Address		
PACWNY Rep G. Patrick Le	ester Signature	D	vate		
PACWNY Rep Brian D. Les	ster Signature	Da	te		