



OFFICE OF REAL PROPERTY TAX SERVICES

# CERTIFICATE OF ATTENDANCE BOARD OF ASSESSMENT REVIEW TRAINING

Member's Name: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Date of Training: \_\_\_\_\_

This is to certify that, pursuant to Section 523 of the Real Property Tax Law and Section 8188-6.1(c) of Title 9 of the Official Compilation of Codes, Rules and Regulations of the State of New York, you attended a board of assessment review member training session on the above date. As a result, you are now authorized to participate in the forthcoming meeting(s) of the Board of Assessment Review.

\_\_\_\_\_  
County Director of Real Property Tax Services

\_\_\_\_\_  
Date

cc: Town/City Clerk