

**DISCLOSURE AFFIDAVIT FOR  
TOWN OF ISLIP OFFICERS OR EMPLOYEES**

In re: Grievance Application of: \_\_\_\_\_ (Applicant)

Property Address: \_\_\_\_\_

\_\_\_\_\_

SC Tax Map #: \_\_\_\_\_

Tax year of Assessment  
Challenge (e.g. 2021/22): \_\_\_\_\_

STATE OF NEW YORK    )  
  )       ss.:  
COUNTY OF SUFFOLK    )

In connection with the above referenced grievance application filed with the Town of Islip Board of Assessment Review, I, \_\_\_\_\_, hereby swear that (*please check any boxes which apply*):

- ☐ I am the applicant named above; or
- ☐ I am an officer, director, partner, employee or member of the applicant named above  
(If so, please write such position here \_\_\_\_\_); or
- ☐ I have an ownership interest (e.g. stock) of at least five percent (5%) in the applicant named above; or
- ☐ I or my employer have/has an agreement with the applicant named above, whereby my employer or I will receive payment and/or some other benefit in the event that the assessed value of the above listed property is reduced for the tax year listed above.

Sworn to before me this  
day of

\_\_\_\_\_  
TOWN OF ISLIP OFFICER / EMPLOYEE

\_\_\_\_\_  
NOTARY PUBLIC

**DISCLOSURE AFFIDAVIT FOR APPLICANT WITH  
FAMILIAL RELATIONSHIP WITH TOWN OF ISLIP OFFICER OR EMPLOYEE**

In re: Grievance Application of: \_\_\_\_\_ (Applicant)

Property Address: \_\_\_\_\_

\_\_\_\_\_

SC Tax Map #: \_\_\_\_\_

Tax year of Assessment  
Challenge (e.g. 2021/22): \_\_\_\_\_

STATE OF NEW YORK    )  
  )       ss.:  
COUNTY OF SUFFOLK    )

In connection with the above referenced grievance application filed with the Town of Islip Board of Assessment Review, I, \_\_\_\_\_, hereby swear that  
*(please check any boxes which apply)*: I am the ☐ spouse ☐ brother ☐ sister ☐ parent  
☐ child   ☐ grandchild of a Town of Islip officer or employee, or  
the spouse of a   ☐ brother ☐ sister ☐ parent   ☐ child   ☐ grandchild  
of a Town of Islip officer or employee; and

- ☐ I am the applicant named above; or
- ☐ I am an officer, director, partner, employee or member of the applicant named above  
(If so, please write such position here \_\_\_\_\_); or
- ☐ I have an ownership interest (e.g. stock) of at least five percent (5%) in the applicant named above; or
- ☐ I or my employer have/has an agreement with the applicant named above, whereby my employer or I will receive payment and/or some other benefit in the event that the assessed value of the above listed property is reduced for the tax year listed above.

That the name of such Town of Islip officer or employee is \_\_\_\_\_ and  
their title is \_\_\_\_\_ in the Department or Division  
of \_\_\_\_\_.

Sworn to before me this  
day of

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
NOTARY PUBLIC