

**NH DEPARTMENT OF REVENUE ADMINISTRATION**  
**Municipal and Property Bureau**  
**Equalization Bureau**



**2024 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)*

<input type="checkbox"/> <b>Full Reval</b>	<input type="checkbox"/> <b>Cyclical Reval</b> <small>(Values Updated)</small>	<input type="checkbox"/> <b>Statistical Reval</b>	<input type="checkbox"/> <b>Partial Reval</b>
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Name of Company Performing Revaluation Work: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Please upload to: [ratiostudy.org](http://ratiostudy.org) no later than December 15, 2024**