



TOWN OF ROCKY HILL, CONNECTICUT

Stuart W. Topliff
Assessor
Town of Rocky Hill
761 Old Main Street
Rocky Hill, CT 06067
Telephone: (860) 258-2722
Fax: (860) 258-2708

DATE

Property Location:

Sales Verification Form

* This form can also be filled out on our Town Website. Using either Chrome or Edge, go to <http://www.rockyhillct.gov/departments/assessor/index.php>. Select the **Sales Verification Form** on the left, fill out and submit*

1. **What was the total Purchase Price?** \$ _____
2. Was a Real Estate Broker / Agent involved? Please circle answer Yes No
3. Were you under pressure to buy quickly? Yes No
4. Was this sale between members of the same family? Yes No
5. Prior to purchase; did you rent this property? Yes No
6. Did the sale consist of more than one parcel? Yes No
7. Was the property newly constructed? Yes No

If Yes to question #7, did the contract price include everything or did you pay for extras at closing?
If you did pay for extras in addition to the contract price, please itemize them and their associated cost.

8. What was the condition of the property when purchased? (Circle answer) Good Average Fair Poor
9. Were repairs necessary prior to the purchase? Yes No

If yes to question #9, what was the nature and cost of repairs? _____

10. Have you made any improvements to the property since your purchase? Yes No
- If yes to question #10, what improvements have been made? _____
- _____

11. What were your primary reasons for purchasing this specific property? _____

12. Was there any special financing associated with this transaction (e.g. did the seller pay the points and/or closing costs, take back a mortgage, etc.?) _____

13. Was any personal property or other assets included in the sale price? Yes No
- If yes to question #13, what were the assets and what was their estimated value? _____
- _____

For properties that have solar panels:

- | | | |
|--|-----|----|
| 1. Was your purchase price affected by the house having solar panels? | Yes | No |
| If yes to question #1, How was it affected? _____ | | |
| _____ | | |
| 2. As the purchaser, did you assume the Lease/PPA? | Yes | No |
| 3. When choosing a property to purchase, was solar panels part of your criteria? | Yes | No |

Please make any additional comments below that you think may be relevant to the conditions of the sale (e.g. previous house taken in trade, price effected by your relationship with the owner/builder, for sale by owner etc.).

Comments _____

Inspection Request – The assessor’s office requests an inspection of the property to verify that all the information, such as square footage, number of bedrooms and bathrooms, is correct. Please indicate what day of the week and time frame works best for you and we will call you to make an appointment

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

8:30am – 11:00 am ____ 1:00pm – 4:30pm ____

Phone number to schedule appointment: _____

Signature _____ Dated _____

Please return to the Town of Rocky Hill, Assessor’s Office, 761 Old Main St, Rocky Hill, CT 06067.

If you have any questions, please do not hesitate to call us at 860-258-2722.

Stuart Topliff



Assessor