

IMPORTANT REMINDER TO ALL TOWN OF ISLIP EMPLOYEES:

Under the Town Code, Town employees and officers **must disclose** certain interests in connection with any application they may file for assessment review (a.k.a. “grievance applications”). As Grievance Day is fast approaching (May 20, 2025), the Town Attorney would like to take this opportunity to remind Town employees and officers of the scenarios which require disclosure. Specifically, when filing a grievance application, an employee or officer of the Town must disclose:

- (1) When he or she is the applicant named in a grievance application;
- (2) When he or she is an officer, director, partner, employee or member of an applicant named in a grievance application;
- (3) When he or she has an ownership interest of at least five percent (5%) in an applicant (e.g. corporation, LLC) named in a grievance application; and
- (4) When he or she has an agreement with an applicant whereby he or she will receive payment and/or some other benefit in the event that the assessed value of the applicant’s property is reduced.

If any of the foregoing four (4) scenarios applies to you, please complete the attached **Disclosure Affidavit for Town of Islip Officers and Employees**, and submit it to the Assessor’s Office prior to Grievance Day (May 20, 2025). Under the Town Code, the Town is required to hire independent legal counsel in situations where Town officers have an interest in assessment review petitions that are filed.

Additionally, in the event that a grievance application has been (or will be) filed by an applicant with a familial relationship with a Town of Islip officer or employee (a spouse, brother, sister, parent, child or grandchild of a Town of Islip officer or employee, or a spouse of any of them) please forward to such applicant a copy of the attached **Disclosure Affidavit for Applicant with Familial Relationship with Town of Islip Officer or Employee** for their submission to the Assessor’s Office prior to Grievance Day (May 20, 2025).

Thank you in advance for your cooperation and assistance herein.

**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. 2025/26): _____

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

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. 2025/26): _____

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

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