

STATE OF MICHIGAN DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH MICHIGAN TAX TRIBUNAL SMALL CLAIMS DIVISION	PROPERTY TAX APPEAL PETITION FORM	DOCKET NUMBER
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Failure to complete this form, including signature, and return it by the due date will result in this case being **dismissed**.
If additional space is needed, please use a separate sheet of paper. See Line by Line Instructions on the back of the Cover Letter.

1. Petitioner(s) Name and Address _____ Petitioner's daytime Phone No.	2. Agent or Attorney (if any) Name and Address _____ Agent/Attorney daytime Phone No.
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3. Provide the Property Classification (Residential, agricultural, personal, commercial, industrial, etc.):

4. Location of Property: County _____	SELECT ONE: City _____ OR Township _____
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5. Did Petitioner protest to the Board of Review? Yes _____ No _____

If no, check all applicable reasons below and explain on separate sheet of paper, if necessary. **Provide a copy of the documents from which you are appealing, including the Notice of Assessment and the Board of Review decision, etc.**

The Assessment Change Notice was not properly sent to Petitioner prior to the March Board of Review.
Petitioner is appealing within 35 days of issuance of notice of action taken by July or December Board of Review.
Petitioner is appealing a Clerical Error or Mutual Mistake of Fact.
Petitioner is appealing within 35 days of issuance of a State Tax Commission Order.
Petitioner is appealing within 35 days of receipt of Notice of Taxable Value Uncapping.

6. Did Petitioner request a Poverty/Hardship Exemption at the Board of Review? Yes _____ No _____

Attach a copy of the Board's Denial, if available.

7. Check which of the following are being appealed. (See Instructions)

The property's true cash value and taxable value are incorrect.
The property's taxable value only was calculated incorrectly.
There was an addition or loss to the property and the value is incorrect.
The uncapping of the property's taxable value is improper.
The denial of a property tax exemption. (Do not use this form to appeal a denial of a principal residence or qualified agricultural exemption.)
The denial of a hardship/poverty exemption.

8.	Parcel # 1	Parcel # 2 (must adjoin Parcel # 1)
a. Parcel Number (Property Identification Number) of property being appealed.		
b. Tax Year being appealed.		
c. State Equalized Value (or Assessed Value) from either the Assessment Change Notice or the Board of Review Action Notice		
d. Taxable Value from either the Assessment Change Notice or the Board of Review Action Notice		
9.	Parcel # 1	Parcel # 2
a. What do you think this property is worth (its fair market value)?		
b. Divide your fair market value by 2 to determine your belief of the State Equalized Value. (Not applicable for taxable value only appeals)		
c. Provide Petitioner's contention of Taxable Value, if known.		

