

Certification of Equalization Study by Equalization Director

This form is issued under the authority of MCL 211.148. Filing is mandatory.

TO: State Tax Commission

FROM: Equalization Director of _____ County

RE: State Assessor Certification of Preparer of the required
_____ County Equalization Studies for _____.
Year

The _____ County Equalization Study for the above referenced county and year were prepared under my direct supervision and control in my role as Equalization Director.

I am certified as an assessor at the level required for the county by Michigan Compiled Laws 211.10d and the rules of the State Tax Commission.

The State Tax Commission requires a Level ____ State Assessor Certification for this county.

I am certified as a Level ____ State Certified Assessing Officer by the State Tax Commission.

Submit with your study by December 31.

Michigan Department of Treasury
Assessment and Certification Division
P.O. Box 30790
Lansing, Michigan 48909-8290

Signature of Equalization Director	Date
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