

STATE OF MICHIGAN DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH MICHIGAN TAX TRIBUNAL SMALL CLAIMS DIVISION	PRINCIPAL RESIDENCE/ QUALIFIED AGRICULTURAL APPEAL PETITION FORM	DOCKET NUMBER
Failure to complete this form, including signature, and return it by the filing deadline will result in this case being dismissed . Attach a copy of the documents from which you are appealing. <i>If additional space is needed to provide the information requested, please use a separate sheet.</i>		
1. Petitioner(s) Name and Address Petitioner's Daytime Phone No. _____	2. Agent or Attorney (if any) Name and Address Agent/Attorney Phone No. _____	
3. Provide the Property Classification (residential, agricultural, timber cutover, etc) _____		
4. Location of Property: County _____	Select ONE: City _____ OR Township _____	
5. Specify who issued the Notice of Denial of the Exemption being appealed: ___ Dept. of Treasury City of _____ Township of _____ County of _____ County Treasurer for County of _____		
6. Did Petitioner Protest to the Board of Review? Yes No If no, please check applicable reason below:		
Petitioner is appealing within 35 days of the issuance of Notice of Denial of Principal Residence Exemption. (Attach a copy of the <i>Final Notice of Denial</i> .)		
Petitioner is appealing within 35 days of issuance of Notice of Denial of Qualified Agricultural Exemption. (Attach a copy of the <i>Notice of Denial</i> .)		
The Notice of Denial was not properly sent to Petitioner. (Attach a copy of the <i>first notice Petitioner received</i> of the Denial.)		
7. Petitioner is appealing: (check applicable box)		
<input type="checkbox"/> The denial of the subject property's principal residence exemption.		
<input type="checkbox"/> The denial of the subject property's qualified agricultural exemption.		
<input type="checkbox"/> Penalty and/or interest assessed as a result of a denial of a principal residence or qualified agricultural exemption.		
8. Provide the parcel number and tax year for each parcel and for each tax year being appealed.		
Parcel Number	Year	
9. Explain the basis of your appeal. 		
10. A fee of \$25.00 is required for the filing of the appeal. Make your check payable to: State of Michigan Failure to remit a required fee with this Form may result in dismissal. Amount Paid: \$ _____		
11. _____ (Petitioner's signature, required if no agent involved) (Agent or attorney signature, if using an agent or attorney)		
RETURN THE ORIGINAL AND ONE COPY OF THIS COMPLETED FORM WITH TWO COPIES OF ANY ATTACHMENTS to: Michigan Tax Tribunal, PO Box 30232, Lansing, MI 48909.		
FAILURE TO PROVIDE A COPY OF YOUR PETITION <i>AND ATTACHMENTS</i> WILL DELAY PROCESSING OF YOUR APPEAL.		
KEEP A COPY OF THIS FORM AND ANY ORIGINAL ATTACHMENTS FOR YOUR RECORDS. The Tribunal is required to charge for copies of documents.		
The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.		
For further information, please contact the Tribunal at: PH: (517) 373-3003 Web Site: www.Michigan.gov/taxtrib E-mail: taxtrib@Michigan.gov		