

STATE OF MICHIGAN DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH MICHIGAN TAX TRIBUNAL SMALL CLAIMS DIVISION	SPECIAL ASSESSMENT 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 to provide the information requested, please use a separate sheet of paper.

1. Petitioner(s) Name and Address _____ _____ _____ Petitioner's Daytime Phone No. _____	2. Agent or Attorney (if any) Name and Address _____ _____ _____ Agent/Attorney Phone No. _____
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3. Location of Property: County _____	City _____	OR	Township _____
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4. If the Special Assessment is being levied by an entity other than a Township or City, specify the name of the Special Assessment District AND the name and address of the entity levying the Special Assessment.
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5. A. Specify the date of the hearing held to confirm the special assessment roll: _____ B. Did Petitioner protest the special assessment at that hearing? Yes _____ No _____ If no, explain why Petitioner believes the Tribunal has jurisdiction over this appeal. C. Is the petition filed within 35 days of the confirmation hearing? Yes _____ No _____

6. Check the reason for appeal: <input type="checkbox"/> The special assessment district was not properly formed. <input type="checkbox"/> The benefit of the special assessment improvements to the property is not proportional to the cost of the improvements.

7. Provide the amount of special assessment levied for each parcel being appealed.	
Parcel Number	Amount of Special Assessment

8. Explain the basis of this appeal.

9. A filing fee of \$100.00 is required for a Special Assessment Appeal. Amount Paid: _____ Failure to remit the required fee with this Form may result in dismissal . Make check payable to State of Michigan .

10. _____ (Petitioner's signature, if no agent involved.) _____ (Agent or attorney, 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 AND ATTACHMENTS 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 Energy, 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
1973 PA 186, As Amended

TT265 Revised 02/10