

**STATE OF MICHIGAN
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
MICHIGAN TAX TRIBUNAL
SMALL CLAIMS DIVISION**

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| <p>PROPERTY TAX APPEAL ANSWER FORM VALUATION / POVERTY EXEMPTION</p> <p>MTT DOCKET NO. _____</p> |
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Section 1: Respondent's Contact Information

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| Local Unit of Government | | |
| Mailing Address (No., Street, P.O. Box or Rural Route) | | |
| City or Town | State | ZIP Code |
| Telephone Number | Fax Number | |
| E-mail Address | | |

Section 2: Attorney/Authorized Representative's Contact Information

| | | |
|--|------------|-----------|
| First Name | M.I. | Last Name |
| Firm Name (if any) | | |
| Address (No., Street, P.O. Box or Rural Route) | | |
| City or Town | State | ZIP Code |
| Telephone Number | Fax Number | |
| E-mail Address | | |

Section 3: Subject Property Information

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| Parcel Identification Number(s): | |
| Are the parcels listed by Petitioner contiguous or adjoining? If no, list all parcels that are adjoining in separate groupings. *If necessary, attach a separate sheet. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Classification of Property: Real <input type="checkbox"/> Personal <input type="checkbox"/> (pick one) | |
| Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Timber-Cutover <input type="checkbox"/> Developmental <input type="checkbox"/> Utility <input type="checkbox"/> (pick one) | |

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Section 4: Please Explain Your Answer to this Appeal

Section 5: Jurisdictional Issues

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| IF PETITIONER IS APPEALING THE TRUE CASH AND/OR TAXABLE VALUES OR SEEKS AN EXEMPTION FROM TAXATION: |
| Did Petitioner protest the assessment at a Board of Review? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, check which Board of Review Petitioner attended: <input type="checkbox"/> March <input type="checkbox"/> July <input type="checkbox"/> December |
| Was the assessment change notice properly sent to Petitioner prior to the March Board of Review? <input type="checkbox"/> Yes <input type="checkbox"/> No *Please attach a copy of the public record indicating the last known address for the mailing of the notice and proof demonstrating the date the notice was mailed for each parcel being appealed. |
| If the July or December Board of Review revised the assessment(s) at issue, did it have authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please cite the Board's authority? |
| Were the assessment(s) at issue established as the result of a clerical error or mutual mistake of fact? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain |
| Is Petitioner appealing from a State Tax Commission Order? If so, when was it issued? |
| What statutory section did Petitioner request the subject property be exempt? |
| IF PETITIONER IS APPEALING THE UNCAPPING OF TAXABLE VALUE: |
| When was the Notice of Uncapping issued? |
| Under what statutory section was the taxable value uncapped? |
| IF PETITIONER IS APPEALING FOR A POVERTY EXEMPTION |
| Did Petitioner request a poverty exemption at the Board of Review? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, check which Board of Review Petitioner attended: <input type="checkbox"/> March <input type="checkbox"/> July <input type="checkbox"/> December |
| Year Under Appeal: |
| List the date the Board of Review denied Petitioner's poverty exemption: |

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Section 6: Valuation Information

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| Parcel Number: |
| Current Assessed Value as established by the Board of Review: |
| Current Taxable Value as established by the Board of Review: |
| What do you believe is the fair market value? |
| What do you believe is the taxable value? |

Signature (the answer will not be accepted unless it is signed):

| |
|---|
| Respondent's Signature: |
| /s/ |
| Attorney or Authorized Agent's Signature: |
| /s/ |