

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

**PROPERTY TAX APPEAL PETITION FORM  
SPECIAL ASSESSMENT**

**MTT DOCKET NO. \_\_\_\_\_**

**Section 1: Petitioner's Contact Information**

First Name	M.I.	Last Name
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**

Parcel Identification Number:			
Type of Special Assessment:			
Classification of Property:    Real <input type="checkbox"/> Personal <input type="checkbox"/> (check 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"/> (check one)			
Property Address (No., Street)			
City or Town	County	State	ZIP Code
Taxing Authority (City or Township)			

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**Section 4: Please Explain the Reason for this Appeal**

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**Section 5: Jurisdictional Issues**

Did you protest the special assessment at the hearing held to confirm the special assessment roll? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the date of the hearing held to confirm the special assessment roll?
If No, please explain:
How many years is the special assessment being levied?

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

Petitioner's Signature:  /s/
Attorney or Authorized Agent's Signature:  /s/

**Fee Information:**

A fee of \$100.00 is required for the filing of a Special Assessment Appeal.
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