Michigan Department of Treasury 628, Formerly L-4155 (Rev. 10-08)

## Notice by Owner of Property Incorrectly Reported or Omitted From Assessment Roll

OFFICE USE ONLY				
File Number				
Assessment Unit Number				

		OM PERSON GIVIN	GNOTICE		MUST		OR PRINTED LEGIBLY
OWNER	Name of Property O	. ,				Tel	ephone Number
Š	Owner's Address (Number, Street, City, State and ZIP Code)  Email Address					ess	
	Name of Agent						ephone Number
AGENI (if any)	Agent's Address (Nu	umber, Street, City, State and		Email Address			
	PERTY AND A Where Property is Lo	SSESSMENT ROLL	INFORMATION	City or Township or Villa	age and Township	)	
,							
School District			Intermediate School District		Community Co	ollege District	
Proper	ty Index Number/Pard	cel Code (or enter property de	escription below)				
Real Industrial Real Developmental Pe				al Industrial [al Commercial al Utility [	Commercial Personal Agricultural		
	ar(s) For Which	Assessed Value Assessed Value on	Requested Assessed	Year(s) For Which	n Taxab	<b>DIE Value</b> le Value on	Requested Taxable
		T		Year(s) For Which Notice Was Given	n Taxab		Requested Taxable Value
	ar(s) For Which	Assessed Value on	Requested Assessed		n Taxab	le Value on	
No	ar(s) For Which tice Was Given	Assessed Value on Assessment Roll	Requested Assessed Value	Notice Was Giver	n Taxab n Asses	le Value on sment Roll	Value
No Did th up to	ar(s) For Which tice Was Given	Assessed Value on Assessment Roll  by this notice change ow Yes No If yes	Requested Assessed Value	Notice Was Giver	n Taxab n Asses	le Value on sment Roll	Value
Did th up to the Signature REASC	e property covered the present?  DN FOR THIS NOTIC tace is not provided ty statement and the	Assessed Value on Assessment Roll  by this notice change ow Yes No If yes	Requested Assessed Value  Valu	Notice Was Giver	n Taxab n Asses	le Value on sment Roll  r which a char	Value

FILING INSTRUCTIONS: When you have completed this side of the form, send or carry one copy to your local assessor, who will complete the reverse side and file the fully completed form with the State Tax Commission (STC). The STC's jurisdiction under MCL 211.154 is limited to correcting assessments for the current assessment year (the year of discovery and disclosure to the STC) and two immediately preceding years. You may immediately submit a second copy of this form, with this side completed, to the STC at the address on the back of this form. Your failure to do so by December 31 of the current calendar year may affect the STC's jurisdiction to consider all of the assessment years that you have included on this form.

**INSTRUCTIONS:** This side is to be completed by the assessor.

## SUPPLEMENTAL TAX RATE INFORMATION

If this notice is for either of the tax years immediately preceding the current year, the assessor shall list for each year the total tax rate levied in the city or township in which the property is located. The total annual tax rate levied must include the total village tax rate, if applicable. The listing must reflect any millage reduction due to the Principal Residence Exemption, the Qualified Agricultural Exemption, the Qualified Forest Exemption, the Industrial Facilities Exemption, the Commercial Personal Property Exemption or the Industrial Personal Property Exemption. If this notice is for omitted real property upon which "millage rate" special assessments were levied, list those rates separately below. Do not include special assessments levied in specific dollar amounts.

Year Covered By Notice	SUMMER Total Tax Rate Levied	WINTER Total Tax Rate Levied	Total Annual Tax Rate Levied		
SPECIAL ASSESSMENT RAT	ΓES. Complete lines below fe	or special assessment millag	e rates only		
Year Covered By Notice	SUMMER Special Assessment Rate Levied	WINTER Special Assessment Rate Levied	Total Annual Special Assessment Rate Levied		
Facilities Assessment Roll, the Neigh assessment?		ne Commercial Facilities Tax Assessm Roll, the Renaissance Zone assessme			
covers that was:	and actually used in the assessment	eliver a personal property statement (Lenhat was confirmed by the Board of Re			
	REEMENT WITH THIS REQUE y the assessor or equalization dire				
I DO NOT AGREE with this req	orrected Assessed Value and/or Taxal quest for corrected Assessed Value and te Tax Commission an explanation of t	d/or Taxable Value. <i>The assessor or e</i>	equalization director who checks		
Name of Assessor or Equalization Director	·	Title	Assessor Certification Number		
Address (Number, Street, City, State and Z	(IP Code)	<u> </u>			
Signature of Assessor or Equalization Direct	ctor	Date	Telephone Number		
Comments or Explanations		Assessor or Equaliz	Assessor or Equalization Director Email Address		

Return this completed form to:

State Tax Commission Michigan Department of Treasury P.O. Box 30471 Lansing, MI 48909-7971