

2020 Electronic Signature Declaration for Annual State Equalization Reports For Electronic Filing of Forms L-4023, L-4024, L-4046, L-4402, and L-4626

INSTRUCTIONS: Any County Equalization Director who wishes to use an electronic signature on annual equalization reports or wishes to gain access to their secure county online account, must properly complete this form and submit it by USPS mail to the Property Services Division to the mailing address located at the bottom of this form. Upon receipt of a properly completed form, the Property Services Division will issue a unique Username via USPS mail to the County Equalization Director's official mailing address that is on file with the State Tax Commission. The Property Services Division will then issue via email a Personal Identification Number (PIN) within five (5) business days to the County Equalization Director' official email address that is on file with the State Tax Commission. This PIN will then be used in lieu of an original signature when filing annual equalization reports electronically.

County Name on Report and Office Address (City, State, ZIP Code)	Name of Equalization Director
	E-mail Address
	Telephone Number

THIS FORM IS CONFIDENTIAL AND INFORMATION ON THIS FORM IS TO BE USED ONLY IN THE EQUALIZATION PROCESS.

DECLARATION	
<p>I, _____, being duly sworn, depose and say that the equalization forms submitted using the personal <small>(print legibly)</small> identification number assigned to me by the Property Services Division, which contain the county property information required under MCL 209.1 et. seq. and MCL 211.1 et. seq. to be reported for state equalization purposes for the reporting period for the county for which such account has been created, are true and accurate to the best of my knowledge.</p> <p>In addition, by affixing my signature below, I do hereby affirm that I am a person duly authorized to procure a confidential personal identification number on behalf of the County, by virtue of the authority granted to me as County Equalization Director.</p>	
Equalization Director Signature (must be actual signature)	Date
REQUIRED NOTARIZATION	
Subscribed and sworn to before me this _____ day of _____, 20_____.	
Notary Public, State of _____	County _____
ss	
Signature of Notary Public _____	My Commission Expires _____
Printed Name of Notary Public _____	Acting in the County of _____
FOR PROPERTY SERVICES DIVISION USE ONLY	
Username _____	Date of Username Issuance _____

Please return the signed and completed form by regular mail no later than February 28. If you have any questions, visit www.michigan.gov/stateequalization or contact the Property Services Division at 517-335-4410.

Send this **original** declaration by USPS mail to:
Michigan Department of Treasury
Property Services Division
PO Box 30790
Lansing, MI 48909