

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

Entire Tribunal Case Information Sheet

Petitioner's Contact Information:

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

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 | | |

Respondent's Contact Information:

| | | |
|---|------------|----------|
| Respondent | | |
| Home Address (No., Street, P.O. Box or Rural Route) | | |
| City or Town | State | ZIP Code |
| Telephone Number | Fax Number | |
| E-mail Address | | |

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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 | | |

Issue:

| |
|--|
| Please designate one: <input type="checkbox"/> Valuation – Fill out Sections A, B, C, D & H below <input type="checkbox"/> Special Assessment – Fill out Sections A, C, F & H below <input type="checkbox"/> Equalization – Fill out Sections A, C & H below <input type="checkbox"/> Non-Property – Fill out Sections C, E & H below <input type="checkbox"/> Classification – Fill out Sections A, C, G & H below |
|--|

Section A: Subject Property Information:

| | | | |
|-------------------------------------|--|-------|----------|
| How many parcels are you appealing? | If you are appealing more than one parcel, are they contiguous or adjoining? <input type="checkbox"/> Yes <input type="checkbox"/> No *If no, you must file separate appeals for each non-contiguous or non-adjoining parcel. | | |
| Property Address (No., Street) | | | |
| City or Town | County | State | ZIP Code |
| Taxing Authority (City or Township) | | | |

Section B: Check which of the following you are appealing: (check all that apply)

| |
|---|
| <input type="checkbox"/> True Cash and Taxable Values |
| <input type="checkbox"/> Taxable Value Only (calculation) |
| <input type="checkbox"/> Uncapping of Taxable Value |
| <input type="checkbox"/> Tax Bill |
| <input type="checkbox"/> STC Order |
| <input type="checkbox"/> Other (please explain) |

Section C: Please Explain the Reason for this Appeal:

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Section D: Valuation Information for Each Parcel under Appeal:

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|--|
| Parcel Number: |
| 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) |
| 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? |

Section E: Assessment Information:

| | |
|--|-----------------------|
| Type of Tax Assessment(s): | Assessment Number(s): |
| Check all that is being appealed: | |
| <input type="checkbox"/> Tax <input type="checkbox"/> Interest <input type="checkbox"/> Penalty <input type="checkbox"/> Refund of taxes paid in the amount of \$ | |
| Check what action prompted this appeal: | |
| <input type="checkbox"/> Final Assessment <input type="checkbox"/> Letter Denying Refund <input type="checkbox"/> Other | |
| If "other", please explain: | |
| | |

Section F: Special Assessment Information:

| |
|---|
| Type of Special Assessment: |
| 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? |

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If No, please explain:

Section G: Classification Information:

Parcel Number:

Current Classification of Property as established by Board of Review: Real Personal (check one)

Agricultural Commercial Industrial Residential Timber-Cutover Developmental Utility (check one)

What do you believe is the property's classification? Real Personal (check one)

Agricultural Commercial Industrial Residential Timber-Cutover Developmental Utility (check one)

If improved property, how is the property currently being used?

If improved property, for what use was the property designed?

Section H: Signature:

Petitioner's Signature:

Attorney or Authorized Representative's Signature:

Fee Information:

If your value in contention is \$100,000.00 or less, your filing fee is \$250.00**
If your value in contention is \$100,000.01 to \$500,000.00, your filing fee is \$400.00**
If your value in contention is more than \$500,000.00, your filing fee is \$600.00**
A fee of \$250.00 is required for the filing of a Non-Property Tax Appeal
A fee of \$250.00 is required for the filing of a Special Assessment Appeal
**plus \$25.00 for each additional parcel, not to exceed a total filing fee of \$2,000.00