

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

\_\_\_\_\_,  
Petitioner,

v

MTT Docket No. \_\_\_\_\_

\_\_\_\_\_,  
Respondent.

**ENTIRE TRIBUNAL SPECIAL ASSESSMENT ANSWER**

1. \_\_\_ Admit \_\_\_ Deny. If denied, state the parcel number identified on the Entire Tribunal Special Assessment Tax Petition: \_\_\_\_\_
2. \_\_\_ Admit \_\_\_ Deny. If denied, list the classification of the parcel number identified on the Petition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_ Admit \_\_\_ Deny. If denied, indicate what the special assessment was levied for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_ Admit \_\_\_ Deny. If denied, please indicate the proper jurisdiction (if known) \_\_\_\_\_
5. \_\_\_ Admit \_\_\_ Deny. If denied, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_ Admit \_\_\_ Deny. If denied, please indicate the date of the hearing held to confirm the special assessment \_\_\_\_\_  
\_\_\_\_\_

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7. \_\_\_ Admit \_\_\_ Deny \_\_\_ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

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8. \_\_\_ Admit \_\_\_ Deny. If denied, please indicate the number of years covered by the special assessment \_\_\_\_\_

9. \_\_\_ Admit \_\_\_ Deny. If denied, please indicate the total amount levied against the subject parcel \_\_\_\_\_

10. \_\_\_ Admit \_\_\_ Deny \_\_\_ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

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11. \_\_\_ Admit \_\_\_ Deny \_\_\_ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary): \_\_\_\_\_

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12. \_\_\_ Admit \_\_\_ Deny \_\_\_ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

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13. \_\_\_ Admit \_\_\_ Deny \_\_\_ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

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14. List any separate and specific facts upon which Respondent relies to support every ground on which Respondent relies and also has the burden of proof (attach additional page if necessary):

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15. List affirmative defenses and the separate and specific facts upon which Respondent relies in support of those affirmative defenses (attach additional page if necessary):

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Signature of Respondent's Authorized Representative, if none, Respondent:

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Email Address:

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Mailing Address:

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Telephone Number:

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Date:

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