

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

Petitioner(s)

v

MTT Docket No. _____

Respondent(s)

REQUEST TO BE HEARD BY TELEPHONE

1. A hearing is scheduled to be conducted on _____.
2. I ask the Tribunal to allow me to participate in the hearing by telephone because:

Party/Representative (sign here)

[Print/type name of person signing]

I certify that on this date I served a copy of this request on the opposing party or their representative.

Date

(sign here)

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___ Petitioner's Telephone Number Form

___ Respondent's Telephone Number Form

Please provide the telephone number at which you or your attorney or authorized representative will be available on the date and time for your hearing. If this information is not received by the Tribunal by the day prior to the day for the conducting of your hearing, you may be placed in default, as provided by TTR 231.¹

Petitioner's/Petitioner's Attorney or Authorized Representative (if applicable) telephone number:

Name: _____
(_____)_____

Respondent's/Respondent's Attorney or Authorized Representative (if applicable) telephone number:

Name: _____
(_____)_____

Please complete and mail this form to:

**Michigan Tax Tribunal
P.O. Box 30232
Lansing, MI 48909**

If you have any questions, the Tribunal's telephone number is (517) 373-4400.

¹ See also MCL 205.732.