

**Notice of Property Incorrectly Reported or Omitted  
from the Assessment Roll Filed by a Person other than  
the Owner, Assessor or Equalization Director**

OFFICE USE ONLY
File Number

This form is issued under authority of Section 211.154, MCL.

**INFORMATION FROM PERSON GIVING NOTICE (must be typed or printed legibly)**

PROPERTY OWNER (if known)	DESCRIPTION OF PROPERTY OMITTED OR INCORRECTLY REPORTED
Name of Property Owner(s)	Describe property in detail, and attach additional sheets if necessary.
Owner's Address (No. and Street, City, State and ZIP Code)	
<b>Property Location</b> (Complete address, Parcel No., or (legal) description of place where incorrectly reported or omitted property is located.)	
<b>NAME &amp; ADDRESS OF PERSON GIVING NOTICE</b>	
Name	
Address (No. and Street, City, State and ZIP Code)	
Daytime Phone Number	
E-mail Address	
SIGNATURE AND CERTIFICATION OF PERSON GIVING NOTICE	
<i>I certify that the above information is correct to the best of my knowledge and belief.</i>	
Signature	Date

**PROPERTY AND ASSESSMENT ROLL INFORMATION (Completed by State Tax Commission)**

County Where Property is Located	Name of Assessing Unit (indicate City or Township)	Village Name (if applicable)		
School District	Property Classification			
Parcel Code (or enter property description)				
<b>PERSONAL PROPERTY NOTICES ONLY:</b> Did the owner of the property complete and deliver a Form 632 (L-4175), Personal Property Statement, for each year that this notice covers, that was:				
<input type="checkbox"/> Timely Filed? (Accepted as filed and used in determining the assessment that was confirmed by the Board of Review?)				
<input type="checkbox"/> Estimated/Not Filed? If estimated or not filed, indicate the year(s): _____				
	ASSESSED VALUE		TAXABLE VALUE	
Year(s) for Which Notice was Given	Assessed Value on Assessment Roll	Requested Assessed Value	Taxable Value on Assessment Roll	Requested Taxable Value
2026				
2025				
2024				
Signature of Chairperson/Executive Director, Michigan State Tax Commission			Date	
Michigan State Tax Commission Findings (for STC use only):				

Parcel Code from Page 1

--

**ASSESSOR'S CONCURRENCE OR DISAGREEMENT WITH THIS REQUEST**

**This section must be completed by the assessor.**

- I AGREE** with this request for corrected Assessed Value and/or Taxable Value.
- I DO NOT AGREE** with this request for corrected Assessed Value and/or Taxable Value. (The assessor who checks this box must submit to the State Tax Commission an explanation below of the reason for not concurring.)

Assessor's Explanation for Not Concurring:

--

Assessor Signature		Date
Assessor Name	Title	
Address (Number, Street, City, State and ZIP Code)		
Telephone Number	E-mail Address	

**OWNER'S CONCURRENCE OR DISAGREEMENT WITH THIS REQUEST**

**This section must be completed by the property owner or agent.**

- I AGREE** with this request for corrected Assessed Value and/or Taxable Value.
- I DO NOT AGREE** with this request for corrected Assessed Value and/or Taxable Value. (The owner who checks this box must submit to the State Tax Commission an explanation below for not concurring with this request.)

Owner's Explanation for Not Concurring:

--

Did the property covered by this notice change ownership during the time period starting with the earliest year for which a change is being requested, up to the present?

- Yes       No      If Yes, give date: \_\_\_\_\_

Property Owner or Agent Signature		Date
Telephone Number	E-mail Address	

**RETURN THE COMPLETED AND SIGNED FORM TO:**

Michigan Department of Treasury  
 State Tax Commission  
 PO Box 30471  
 Lansing MI 48909

**STC Date Stamp**

--