Reset Form

Michigan Department of Treasury
4819 (Rev. 10-17)

INDEX 04206

State Tax Commission Application to Escrow an Assessing Officer Certification

This form is issued under the authority of the General Property Tax Act, PA 206 of 1893. Filing is mandatory.

The State Tax Commission's Escrow Policy allows an assessing officer who experiences unforeseen medical circumstances, including serious illness of the assessor or serious illness or death of an immediate family member, that affect the ability to complete their continuing education or pay their required fee by the deadline, the ability to request the Commission place their assessor certification in escrow. A fully completed application, along with documentation supporting the special circumstances, must be submitted prior to the December 31 expiration of the certificate. The request may be submitted by an authorized representative as necessary. Failure by the assessing officer to complete the annual continuing education requirements by October 31 and/or failure to pay the annual renewal fee by December 31 are considered insufficient reasons to request to escrow a certificate.

PART 1: APPLICANT INFORMATION

Assessing Officer Name	Certificate Number	Certification Level	
Mailing Address (Street, P.O. Box)	City	State	ZIP Code
Daytime Telephone Number	E-Mail Address		

PART 2: REQUIRED INFORMATION

The following items must be submitted with a completed application:

1. A one page summary explaining the reasons you are requesting your certification be placed in escrow.
2. Documentation supporting the reasons for requesting an escrow (medical documents, etc.).

PART 3: CERTIFICATION

The following certification statements must be completed in order for your application to be considered complete.

Have you been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged since becoming a State of Michigan certified assessor?

☐ Yes ☐ No

If yes, explain below.

I hereby certify that all the information contained within, and attached to, this application is true and accurate to the best of my knowledge, information and belief.

Assessing Officer Printed Name	
Assessing Officer Signature	Date

Submit the completed application and required attachments by e-mail to the Commission at **State-Tax-Commission@michigan.gov**.

This form may also be mailed to:

State Tax Commission
PO Box 30471
Lansing MI 48909