

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS ORLENE HAWKS LANSING

DIRECTOR

MICHIGAN TAX TRIBUNAL

V

MOAHR Docket No. \_\_\_\_

Respondent.

Petitioner.

## STIPULATION FOR ENTRY OF CONSENT JUDGMENT (EXEMPTION)

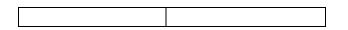
- 1. Identify if this is a: Partial Stipulation or a Full Stipulation.
- 2. If this is a partial stipulation:
  - a. The parties agree to the withdrawal of parcel number:

(If more than one parcel is being withdrawn, attach a separate page addressing all other parcels being withdrawn.)

b. The parties agree to the withdrawal of tax year .

- 3. The case is pending in the Entire Tribunal OR Small Claims Division.
- 4. The subject property is in \_\_\_\_\_ County.
- 5. Property Parcel No: . (If more than one parcel is at issue, attach a completed Multiple Parcel Stipulation Form addressing all other parcels at issue.)
- 6. The property identified above shall be granted an exemption, under MCL 211.\_\_\_\_, for the \_\_\_\_\_\_ tax year(s); the amount of the exemption is %.
- 7. The property's taxable value (TV), as confirmed by the Board of Review, for the tax year(s) at issue:

Tax year	Taxable Value



8. The subject property's TV for the property identified above as stipulated by the parties for settlement purposes are:

Tax year	Taxable Value

- 9. If this stipulation addresses tax years other than the tax year originally appealed or tax years added through motions to amend that have been granted by the Tribunal, list the separate facts upon which the parties rely to invoke the Tribunal's authority over those tax years (attach additional page if necessary):
- 10. List any special terms or conditions being proposed by the parties that would affect the execution of this Consent Judgment including, but not limited to, the joint payment of the refund, the waiver of interest, etc. (attach additional page if necessary):

Signature of Petitioner's Authorized Representative or, if none, Petitioner:

Printed Name:\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Respondent's authorized representative:

Printed Name:\_\_\_\_\_

Date: \_\_\_\_\_