



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

_____,
Petitioner,

MICHIGAN TAX TRIBUNAL

v

MOAHR Docket No. _____

_____,
Respondent.

STIPULATION FOR ENTRY OF CONSENT JUDGMENT
(VALUATION)

1. The subject property is in _____ County.
2. Parcel Number: _____.
(If more than one parcel is at issue, attach a completed Multiple Parcel Stipulation Form addressing all other parcels at issue.)
3. The values for the property identified above as established by Respondent's Board of Review are:

Tax year	Assessed Value (AV)	Taxable Value (TV)

4. The values for the property identified above as stipulated by the parties for settlement purposes are:

Tax year	True Cash Value	AV	TV

5. If the stipulated TV does not equal the prior year TV multiplied by the applicable inflation rate multiplier, explain why (e.g., transfer of ownership, additions, losses, omitted property etc.)

6. List any special terms or conditions being proposed by the parties that would affect the execution of a Consent Judgment including, but not limited to, the joint payment of the refund, the waiver of interest, etc. (attach additional page if necessary):

NOTE: The Stipulation MUST include ALL parcels and ALL tax years included in the appeal (including subsequent tax years on or after April 1 of each year for appeals pending in the Small Claims Division). The parties may agree, however, to withdraw the appeal of specific parcels and/or tax year(s).

IF APPLICABLE, complete the following section(s). Otherwise, **LEAVE BLANK**.

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(If more than one parcel is being withdrawn, attach a separate page addressing all other parcels being withdrawn.)

8. The parties agree to the withdrawal of tax year(s) _____.

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

Printed Name: _____

Date: _____

Signature of Respondent's authorized representative:

Printed Name: _____

Date: _____