



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

<p>PROPERTY TAX APPEAL ANSWER FORM DISABLED VETERANS EXEMPTION</p> <p>MTT DOCKET NO. _____</p>
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Section 1: Respondent's Contact Information

Unit of Government		
Mailing Address (No., Street, P.O. Box or Rural Route):		
City or Town:	State:	ZIP Code:
Telephone Number:		
Email Address (do not enter unless you want MTT to send all correspondence via email):		

Section 2: Respondent's Attorney/Authorized Representative's Contact Information

First Name:	M.I.:	Last Name:
Firm Name (if any):		
Mailing Address (No., Street, P.O. Box or Rural Route):		
City or Town:	State:	ZIP Code:
Telephone Number:		
Email Address (do not enter unless you want MTT to send all correspondence via email):		

Section 3: Subject Property Information:

Parcel Identification Number:

Section 4: Explain Your Answer to this Appeal

Empty space for explaining the answer



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Section 5: Jurisdictional Issues

Did Petitioner request a disabled veterans exemption by filing an application with the city/township? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the date the exemption was denied:	Tax year(s) denied:

Signature *Required

Respondent or Attorney/Authorized Representative's Signature: <i>/s/</i>



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PAPER FILING INSTRUCTIONS FOR ANSWER TO DISABLED VETERANS EXEMPTION APPEAL

Follow these instructions for filing this Small Claims answer form. For questions that are not answered by these instructions, please visit the Tribunal's website at www.michigan.gov/taxtrib or contact the Tribunal at 517-335-9760.

Mail the completed form to:

Michigan Tax Tribunal
611 W. Ottawa St., Lansing, MI 48933
U.S. Postal Mailing Address: PO BOX 30232, Lansing, MI 48909
Other Carriers (UPS, FedEx, DHL):
2nd Floor MTT, 2407 N. Grand River Avenue, Lansing, MI 48906

Section 1: Respondent's Contact Information: If the respondent is a unit of government, the "Respondent" is not the assessor, Respondent is the unit of government filing the answer to the petition (i.e. city or township). If the respondent is not a unit of government, Respondent is the party or parties (i.e., taxpayer) filing the answer to the petition. Provide the name, address and daytime phone number for the respondent.

Section 2: Respondent's Attorney/Authorized Representative's Contact Information: If Respondent is a unit of government, Respondent must be represented by an attorney or authorized representative (i.e., assessor) to file an answer to the petition. If Respondent is not a unit of government (i.e., taxpayer), Respondent does not have to be represented by an attorney or authorized representative to file an answer to the petition. If Respondent is using an attorney or authorized representative, that attorney or authorized representative must provide all information requested in Section 2 of the Answer Form. If Respondent elects to have an attorney or authorized representative, only the attorney or authorized representative will receive notices and documents from the Tribunal.

IMPORTANT: If the contact information for Respondent or Respondent's attorney or authorized representative, if listed, includes an email address, the Tribunal will use that email address to electronically serve all future documents issued by the Tribunal. Once an email address is provided, a request to opt out of electronic service must be made in writing.

Section 3: Subject Property Information:

- **Parcel Identification Number:** List the parcel number of the property being appealed.

Section 4: Explain Your Answer to this Appeal: Provide the basis of Respondent's answer to the appeal and any necessary explanation.



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Section 5: Jurisdictional Issues:

- **Did Petitioner request an exemption by filing an application:** Indicate whether Petitioner filed an application with the city or township requesting a Disabled Veterans Exemption.
- **List the date the exemption was denied:** List the date the Disabled Veterans Exemption was denied.
- **Tax year(s) denied:** List the tax year(s) for which the Disabled Veterans Exemption was denied.

Signature: If Respondent is unrepresented, Respondent must sign the answer form. If an attorney or other authorized representative is identified in Section 2 of the answer form, the petition form must be signed by that representative and not Respondent. A unit of government must be represented.

REMINDERS:

You must submit the *original, completed, signed answer form* to the Tribunal. You should also keep a copy for yourself.

The Tribunal will issue a Notice of Filing after an answer is filed and indicate the case is ready for the scheduling of a hearing.

The Tribunal will send a notice of hearing to the parties no less than 45 days in advance of the hearing.

To check the status of your appeal, visit our website at www.michigan.gov/taxtrib and click on the "Docket Search" option.