Reset Form

Michigan Department of Treasury
5277 (Rev. 09-22)

Parcel Number

Affidavit to Rescind Eligible Manufacturing Personal Property Exemption

Issued under authority of Public Act 206 of 1893, and PA 92 of 2014, as amended.

A person claiming an exemption under this section shall rescind the claim of exemption by February 20, or if February 20 of a year is a Saturday, Sunday, or legal holiday, the next day that is not a Saturday, Sunday, or legal holiday, of the year in which exempted property is no longer eligible for the exemption by filing this affidavit with the assessor of the township or city in which the Eligible Manufacturing Personal Property is located.

PERSONAL PROPERTY LOCATION INFORMATION

NOTE: If the property is located within a city, complete the City and County fields below. If located within a township but not within a village, complete the Township and County fields. If the property is located within a village, complete the Township, Village, and County fields.

City	Township	Village	County

Street Address where personal property is located	City	State	ZIP Code

List all **Real** Property Parcel Numbers where the Personal Property Reported on this Form is Located (attach list as necessary)

TAXPAYER INFORMATION

	Taxpayer Name Associated with this FEIN
	Primary Occupant Name, if other than Taxpayer Name

Assumed names, if any, used by legal entity (attach list if necessary):

Contact Person Name	Contact E-mail Address	Contact Telephone Number

Contact Mailing Address	City	State	ZIP Code

Name of Person in Charge of Records	Telephone Number

Address Where Records are Retained	City	State	ZIP Code

CERTIFICATION

1. I certify that I am the owner of the personal property reported on the parcel number above or I am the duly authorized agent (must attach a letter of authority)
2. I certify that the Eligible Manufacturing Personal Property exemption as defined by MCL 211.9m or MCL 211.9n what was previously claimed on Form 5278 is no longer eligible for the exemption and request that the exemption be rescinded.

Signature	Date

Printed Name	Title

ASSESSOR USE ONLY - DATE OF RECEIPT