









**INSTRUCTIONS:** *This side is to be completed by the assessor.*

**SUPPLEMENTAL TAX RATE INFORMATION**

If this notice is for either or both of the tax years immediately preceding the current year, the assessor shall list for each year covered by this notice the total tax rate levied in the city or township in which the property is located. List the total village rate separately, if applicable. If this notice is for omitted real property upon which "millage rate" special assessments were levied, list those rates separately below. Do not include special assessments levied in specific dollar amounts.

Year Covered by Notice	SUMMER Total Tax Rate Levied	WINTER Total Tax Rate Levied	Total Annual Tax Rate Levied

**SPECIAL ASSESSMENT RATES. Complete lines below for special assessment millage rates only.**

Year Covered by Notice	SUMMER Special Assessment Rate Levied	WINTER Special Assessment Rate Levied	Total Annual Special Assessment Rate Levied

Is this property assessed on the Industrial Facilities Tax Assessment Roll or the Commercial Facilities Tax Assessment Roll or the Technology Park Facilities Assessment Roll or the roll for P.A. 189 of 1953? YES  NO  If YES, specify which roll.

Answer the following question if this notice is for personal property. Did the owner complete and deliver a personal property statement on or before February 20 for each year that this notice covers? YES  NO  If NO, indicate years in which a statement was not timely filed.

**CONCURRENCE OR DISAGREEMENT WITH THIS REQUEST**

*This section shall be completed by the property owner and the form returned to the assessor.*

- I CONCUR with this request for corrected Assessed Value and/or Taxable Value.
- I DO NOT CONCUR with this request for corrected Assessed Value and/or Taxable Value. (The assessor or equalization director who checks this box must submit to the State Tax Commission an explanation of the reason for not concurring.)

Name of Assessor or Equalization Director \_\_\_\_\_ Title \_\_\_\_\_ Assessor Certificate No. \_\_\_\_\_

No. and Street, City, Post Office, ZIP \_\_\_\_\_

Signature of Assessor or Equalization Director \_\_\_\_\_ Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

Comments or Explanations \_\_\_\_\_

**MAILING INSTRUCTIONS** Send this completed form to: