

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
MICHIGAN TAX TRIBUNAL
SMALL CLAIMS DIVISION APPEAL
(PLEASE PRINT OR TYPE)

Date _____

Name _____

Address _____

Phone Number _____

Local Unit (i.e., city or township where property is located) _____

Parcel Number(s) _____

If you are appealing more than one parcel, are parcels contiguous (adjoining) _____

Board of Review Appeal Date _____

Tax Year to be appealed _____

If not current year, reason for appeal _____

Type of Property (Residential, Commercial, Agricultural, etc.) _____

Type of Appeal (circle one): Valuation, Special Assessment, Homestead Exemption, Qualified Agricultural Exemption, Non-Property

Comments: _____

Signature _____

NOTE: A PETITION FORM will be sent to you for completion at a later date, if it is determined that the Tribunal has jurisdiction.

RETURN THIS APPEAL REQUEST TO:

Michigan Tax Tribunal
1033 South Washington Ave.
PO Box 30232
Lansing, MI 48909-7732