

Failure to complete this form, including signature and returning it by the filing deadline will result in **dismissal** of this appeal. *If additional space is needed, please use a separate sheet of paper.*

1. Petitioners(s) Name and Address Petitioner's daytime Phone No.	2. Agent or Attorney (if any) Name and Address Agent/ Attorney daytime Phone No.
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3. **Property classification (Residential, agricultural, personal, commercial, industrial, etc.)** _____

4. Location of Property: County: <i>Marquette County</i>	SELECT ONE: City or Township <i>Chocolay Township</i>
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5. **Did Petitioner protest to the Board of Review?** YES NO If no, check all applicable reasons below and explain on a separate sheet of paper if necessary.

- The Assessment Change Notice was not properly sent to the Petitioner prior to the March Board of Review.
- Petitioner is appealing within 30 days of issuance of notice of action taken by the July or December Board of Review.
- Petitioner is appealing a Clerical Error or Mutual Mistake in Fact.
- Petitioner is appealing within 30 days of issuance of a State Tax Commission Order.
- Petitioner is appealing within 35 days of receipt of Notice of Taxable Value Uncapping.

6. **Did Petitioner request a Poverty/ Hardship Exemption at the Board of Review?** YES NO
Attach a copy of the Boards Denial, if available.

7. **Check which one of the following are being appealed.** (See Line by Line Instructions on the back of the Cover Letter.)

- The property's true cash value and taxable value are incorrect
- The property's taxable value only was calculated incorrectly.
- There was an addition of loss to the property and the value is incorrect.
- The uncapping of the property's taxable value is improper.
- The denial of a property tax exemption.
- The denial of a hardship/ poverty exemption.

8	Parcel #1	Parcel #2	Parcel #3
Parcel Number (Property Identification Number)			
Tax year			
State Equalized Value (or Assessed Value) from either the Assessment Change Notice or the Board of Review Action Notice	\$	\$	\$
Taxable Value from either the Assessment Change Notice or the Board of Review Action Notice	\$	\$	\$

9	Parcel #1	Parcel #2	Parcel #3
What do you think this property is worth (its fair market value)	\$	\$	\$
Divide your fair market value by 2 to determine your belief of the State Equalized Value. (Not applicable for taxable value)	\$	\$	\$

only appeals)			
Provide Petitioner's contention of Taxable Value	\$	\$	\$

10. Explain the reason for this appeal.

11. Does this property have a principal residence exemption of at least 50% for the tax year(s) at issue?

Yes. Petitioner is NOT required to pay a fee for the filing of this appeal.

No. Petitioner IS required to pay a fee for the filing of the appeal. (See Fee Schedule below.)

Make your check payable to **State of Michigan**. Amount paid: \$_____ Failure to remit the required fee with this form may result in dismissal of this appeal.

<p>The fee is based on the State Equalized Value <i>in contention</i>, i.e., the difference between the SEV on the roll and Petitioner's belief of the SEV);</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>\$20,000 and under</td><td style="text-align: right;">\$25.00</td></tr> <tr><td>\$20,000.01 to \$40,000</td><td style="text-align: right;">\$50.00</td></tr> <tr><td>\$40,000.01 to \$75,000</td><td style="text-align: right;">\$75.00</td></tr> <tr><td>\$75,000.01 to \$150,000</td><td style="text-align: right;">\$100.00</td></tr> <tr><td>\$150,000.01 to \$500,000</td><td style="text-align: right;">\$150.00</td></tr> <tr><td>Over 500,000.01</td><td style="text-align: right;">\$250.00</td></tr> </table>	\$20,000 and under	\$25.00	\$20,000.01 to \$40,000	\$50.00	\$40,000.01 to \$75,000	\$75.00	\$75,000.01 to \$150,000	\$100.00	\$150,000.01 to \$500,000	\$150.00	Over 500,000.01	\$250.00	<p>* If you are appealing more than one parcel, use the parcel with the highest SEV in contention to determine the fee, plus \$5.00 for each contiguous (adjoining) parcel you are appealing.</p> <p>If you are appealing only the calculation of the taxable value of your property, the fee is \$25.00</p>
\$20,000 and under	\$25.00												
\$20,000.01 to \$40,000	\$50.00												
\$40,000.01 to \$75,000	\$75.00												
\$75,000.01 to \$150,000	\$100.00												
\$150,000.01 to \$500,000	\$150.00												
Over 500,000.01	\$250.00												

12. Petitioner's signature required if not agent involved.

Agent or attorney signature, if using an agent or attorney

PLEASE RETURN THE ORIGINAL AND ONE COPY OF THIS COMPLETED FORM WITH TWO COPIES OF ANY ATTACHMENTS to: Michigan Tax Tribunal, PO Box 30232, Lansing MI 48909.

KEEP A COPY OF THIS FORM AND ANY ORIGINAL ATTACHMENTS FOR YOUR RECORDS.

The Department of Labor & Economic Growth will no discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act , you may make your needs known to this agency.

For further information, please contact the Tribunal at:
 PH: (517) 373-3003 Web Site: www.Michigan.gov/taxtrib E-mail: taxtrib@Michigan.gov