

Petition to Board of Review

July/December BOR Petition

TO BE COMPLETED BY OWNER OR OWNERS'A AGENT

Owner's Name (Please Print or Type)	Petitioner's name (if other than owner. Please print or type)
Township or City	County

The undersigned protests the property Principal Residence Exemption/ Disabled Veterans Exemption/Poverty Exemption and/or the qualified agricultural property exemption of the following described property:

Property identified (PARCEL CODE REQUIRED)
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PROTESTED ITEM <input type="checkbox"/> Principal Residence Exemption Date Owned/Occupied _____ <input type="checkbox"/> Qualified Agricultural Property Exemption <input type="checkbox"/> Clerical Error <input type="checkbox"/> Disabled Veterans Exemption <input type="checkbox"/> Mutual Mistake of Fact <input type="checkbox"/> Poverty Exemption

1. PROTEST OF PRINCIPAL RESIDENCE EXEMPTION

(Complete this section for a protest of Principal Residence Exemption)

Current PRE Amount	Owner's Estimated PRE exemption amount	Year or Years for Exemption

2. PROTEST OF EXEMPTION FOR QUALIFIED AGRICULTURAL PROPERTY

If the assessor has denied or changed the percentage of the exemption from the 18 mills of local school operating tax for qualified agricultural property, the owner may appeal this action to the march Board of Review.

Percent qualified agricultural exemption granted by assessor. (Enter 0 if exemption is denied)	Percent qualified agricultural exemption requested by Owner: (Enter 100 if full exemption requested)
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3. REASON FOR PROTEST

STATE REASON(S) FOR PROTEST.

CERTIFICATION

Signature	Date
Address	Phone Number

FOR BOARD OF REVIEW USE ONLY BELOW THIS LINE

INSTRUCTIONS: Incorporate a copy of this form and the assigned number in the Board of Review minutes.

Petition number	Parcel Code
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1. PRE VALUE PERCENT

Disposition by Board of Review. The Board of Review must state the reason for its action below. <input type="checkbox"/> Denied <input type="checkbox"/> PRE Value changed From: <input style="width:100px" type="text"/> To: <input style="width:100px" type="text"/>	
Record of Vote-Board or three-member committee of board Chairperson <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member <input type="checkbox"/> YES <input type="checkbox"/> NO _____ <div style="text-align: center;">Initials Initials Initials</div>	
Reason for Board Action If you disagree with the decision of the Board of Review the petition must be filed on a Michigan Tribunal form or a form approved by the Michigan Tax Tribunal. Michigan Tax Tribunal forms are available at www.michigan.gov/taxtrib	

2. CLERICAL ERROR/MUTUAL MISTAKE OF FACT

Disposition by Board of Review. The Board of Review must state the reason for it action below. <input type="checkbox"/> Denied <input type="checkbox"/> Clerical Error/Mutual Mistake of Fact Approved	
Record of Vote-Board or three-member committee of board Chairperson <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member <input type="checkbox"/> YES <input type="checkbox"/> NO _____ <div style="text-align: center;">Initials Initials Initials</div>	
Reason for Board Action: If you disagree with the decision of the Board of Review the Petition must be filed on a Michigan Tax Tribunal form or a form approved by the Michigan Tax Tribunal. Michigan Tax Tribunal forms are available at www.michigan.gov/taxtrib	

3. QUALIFIED AGRICULTURAL PROPERTY EXEMPTION

Disposition by Board of Review. The Board of Review must state the reason for its action below. <input type="checkbox"/> Exemption Request Denied <input type="checkbox"/> Exemption percent modified from _____ % To: _____ %	
Record of Vote-Board or three-member committee of board Chairperson <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member <input type="checkbox"/> YES <input type="checkbox"/> NO _____ <div style="text-align: center;">Initials Initials Initials</div>	
Reason for Board Action: If you disagree with the decision of the Board of Review the petition must be filed on a Michigan Tax Tribunal form or a form approved by the Michigan Tax Tribunal. Michigan Tax Tribunal forms are available at www.michigan.gov/taxtrib	

4. ASSESSED VALUE

Disposition by Board of Review. The Board of Review must state the reason for its action below. <input type="checkbox"/> Denied <input type="checkbox"/> Assessed Value Changed From <input style="width:150px" type="text"/> to <input style="width:150px" type="text"/>	
Record of Vote-Board or three-member committee of board Chairperson <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member <input type="checkbox"/> YES <input type="checkbox"/> NO _____ <div style="text-align: center;">Initials Initials Initials</div>	
Reason for board action If you disagree with the decision of the Board of Review The petition must be filed on a Michigan Tax Tribunal form or a form approved by the Michigan Tax Tribunal. Michigan Tax Tribunal forms are available at www.michigan.gov/taxtrib	

5. TAXABLE VALUE

Disposition by Board of Review. The Board of Review must state the reason for its action below. <input type="checkbox"/> Denied <input type="checkbox"/> Tentative Taxable Value Changed From <input style="width:150px" type="text"/> to <input style="width:150px" type="text"/>	
Record of Vote-Board or three-member committee of board Chairperson <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Member <input type="checkbox"/> YES <input type="checkbox"/> NO _____ <div style="text-align: center;">Initials Initials Initials</div>	
Reason for board action If you disagree with the decision of the Board of Review the petition must be filed on a Michigan Tax Tribunal form or a form approved by the Michigan Tax Tribunal. Michigan Tax Tribunal forms are available at www.michigan.gov/tax trib	

6. ADJOURNMENT

Board or Review Secretary Signature	Date	Date of Final Adjournment of Board of Review
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