

This form is issued under authority of Section 211.154, MCL. Initial filing of this form is voluntary.

**NOTICE BY OWNER OF PROPERTY INCORRECTLY REPORTED OR OMITTED FROM ASSESSMENT ROLL**

<b>OFFICE USE ONLY</b>	File No.
	Assessment Unit No.

**INSTRUCTIONS:** *This side is to be completed by the owner. Please print or type.*

<b>OWNER</b>	Name of Property Owner(s)	Telephone No.
	Owner's Address (No. and Street, City, State, ZIP)	
<b>AGENT (if any)</b>	Agent's Name	Telephone No.
	Agent's Address	

**PROPERTY AND ASSESSMENT ROLL INFORMATION**

County Where Property is Located		City or Township or Village and Township	
School District	Intermediate School District	Community College District	
Property Index No. (Or enter property description below)		Property Classification	

Property Description

<b>Assessed Value</b>	<b>Taxable Value</b>
Complete the applicable Assessed Value lines below when the notice is for a change in Assessed Value.	Complete the applicable Taxable Value lines below when the notice is for change in Taxable Value. For most personal property, the figures on the lines below will be the same as the figures under Assessed Value. For omitted real property, the amount of omitted Taxable Value may be less than the amount of omitted Assessed Value (see page 6 of STC Bulletin #3 of 1995).

Year(s) for Which Notice Was Given	Assessed Value on Assessment Roll	Requested Assessed Value	Year(s) for Which Notice Was Given	Taxable Value on Assessment Roll	Requested Taxable Value

Explain the reason for this notice. Attach supporting information. For incorrectly reported personal property, include a copy of the timely filed personal property statement and the amended personal property statement.

Did the property covered by this notice change ownership during the time period starting with the earliest year for which a change is being requested up to the present?  YES  NO If YES, give date.

Signature of Owner or Agent	Date
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**INSTRUCTIONS:** *When you have completed this side of this form, send or carry the form to your local assessor who will complete the reverse side and file the form with the State Tax Commission.*

**INSTRUCTIONS:** *This side is to 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 must be completed by the assessor or equalization director.*

**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 or Post Office, ZIP		
Signature of Assessor or Equalization Director	Date	Telephone No.

Comments or Explanations

### MAILING INSTRUCTIONS

Send this completed form to:  
State Tax Commission, Michigan Dept. of Treasury, P.O. Box 30471, Lansing, MI 48909-7971.