

Notice of Property Incorrectly Reported or Omitted From the Assessment Roll Filed by a Person Other Than the Owner, Assessor or Equalization Director

This form is issued under authority of Section 211.154, MCL.

OFFICE USE ONLY	
File Number	
Assessment Unit Number	

INFORMATION FROM PERSON GIVING NOTICE

MUST BE TYPED OR PRINTED LEGIBLY

Property Owner (If Known)		Property Omitted or Incorrectly Reported	
Name of Property Owner(s)		Type of Property (Please Describe)	
Owner's Address (No. and Street, City, ZIP)			
Property Location: Address (No. and Street, City, ZIP) or (Legal) Description of Place(s) where property is located		Name & Address of Person Giving Notice	
		Name	
		Address (No. and Street, City, ZIP)	
		Daytime Phone Number	
		Email Address	
Signature & Certification of person giving notice			
<i>The undersigned certifies that the above information is correct to the best of his or her knowledge and belief</i>			
Signature			Date

PROPERTY AND ASSESSMENT ROLL INFORMATION (To be completed by State Tax Commission)

County where property is located		City or Township or Village and Township	
School District	Intermediate School District	Community College District	
Property Index Number/Parcel Code (Or enter property description under Findings below)			Property Classification

PERSONAL PROPERTY NOTICES ONLY: Did the owner complete and deliver a personal property statement (L-4175) for each year that this notice covers that was:

Timely Filed? (Accepted as filed and actually used in the assessment that was confirmed by the Board of Review?)

OR

Estimated/Not filed? If estimated or not filed, indicate years: _____

Assessed Value			Taxable Value		
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

Signature of Chairperson/Executive Secretary, Michigan State Tax Commission	Date
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<p>Michigan State Tax Commission Findings.</p> <p>For incorrectly reported personal property, include a copy of the timely filed personal property statement and the amended personal property statement. For omitted real property, provide a record card or other documentation showing that the omitted real property was not previously included in the assessment.</p>	<h2>STC Date Stamp</h2>
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TAX RATE INFORMATION (To be completed by the assessor)

If this notice is for either of the tax years immediately preceding the current year, the assessor shall list for each year the total tax rate levied in the city or township in which the property is located. The total annual tax rate levied must include the total village tax rate, if applicable. The listing must reflect any millage reduction due to the Principal Residence Exemption, the Qualified Agricultural Exemption, the Qualified Forest Exemption, the Industrial Facilities Exemption, the Commercial Personal Property Exemption or the Industrial Personal Property Exemption. 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

Additional comments or explanation by Assessor. Attach additional pages if necessary:

ASSESSOR'S CONCURRENCE OR DISAGREEMENT WITH THIS REQUEST

This section must be completed by the assessor.

I AGREE with this request for corrected Assessed Value and/or Taxable Value.

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

Name of Assessor	Title	Assessor Certificate Number
Address		Assessor Email Address
Assessor Signature	Date	Telephone Number

OWNER'S CONCURRENCE OR DISAGREEMENT WITH THIS REQUEST

This section must be completed by the property owner.

I AGREE with this request for corrected Assessed Value and/or Taxable Value.

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

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 Property Owner	Date	Telephone Number
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Return this completed form to:

State Tax Commission
Michigan Department of Treasury
P.O. Box 30471
Lansing, MI 48909-7971

Property Owner Email Address
