CITY OF TRAVERSE CITY – ASSESSING DEPARTMENT

July/December Board of Review Petition Form **Assessment Year(s):**_____

IDENTIFICATION

Owner			Parcel Number	
Street Address			Property Type/Class	
City	State	ZIP Code	School District	28010
Property Address				

Item or Taxing Authority	Note/Millage	Original	Adjusted-request	Comment
(51)TRAVERSE CITY				
ASSESSED VALUE				
TAXABLE VALUE				
P.R.E.		%	%	
Property Class				
School District		28010		
Classification		Ad Valorem		

Property/Homeowner to complete section below:

Year(s) requesting adjustment*:_____

Explanation(Reason/Justification for Change):_____

_____

_____

_____

_____

_____

_____

_____

_____

Print name: _____ Date signed: _____

Phone: _____ Email:_____

I, the undersigned _____, swear of affirm the above information is, to the best of our knowledge, true.