

ASSESSORS REVIEW
DATE OF APPEAL: _____
NO. _____

BOARD APPT. _____
DATE: _____
TIME: _____

**OFFICE OF CITY ASSESSOR
CITY OF KENTWOOD, MICHIGAN**

APPEAL OF ASSESSED VALUATION OF RESIDENTIAL PROPERTY

OWNERS NAME _____ PROPERTY ADDRESS _____

ASSESSED VALUE \$ _____ PARCEL NO. 41- _____

TAXABLE VALUE \$ _____ CAPPED? _____ OR UNCAPPED? _____

Appeal of (check all that apply): Assessed Value _____ Taxable Value _____

INSTRUCTIONS:

Separate instruction sheet for detailed directions is available for your reference.

Please complete all sections which apply to your property. PRINT NEATLY OR TYPE, PLEASE.

I. FOR APPEALS OF TAXABLE VALUE:

Demonstrate and give reasons for your calculation of the Capped Value and Taxable Value which you believe applies to this parcel. Keep in mind that changes in assessed value as a result of an appeal of that value will result in recalculation of Capped Value and a redetermination of Taxable Value even if you have not appealed Taxable Value.

Have there been any changes in ownership of this parcel since January 1, last year? Yes ___ No ___ Explain transfers:

Date of transfer: _____

TAXPAYER'S OPINION OF CORRECT TAXABLE VALUE: \$ _____

II. FOR APPEALS OF ASSESSED VALUE:

TAXPAYER'S OPINION OF CORRECT ASSESSED VALUE: \$ _____

DATA IN SUPPORT OF OPINION OF ASSESSED VALUE;

1. Purchase price \$ _____ Date: _____ Condition: _____

2. Changes to property since purchase:

3. Is property for sale now? _____ Listing Agent: _____
 Asking Price: \$ _____ Listed Since: _____

4. Have you had a recent appraisal done of your property? _____ Yes _____ No
 Purpose of Appraisal: _____ Date: _____
 Conclusion of Value: \$ _____ Appraiser: _____

5. Comparable sold properties to be considered (choose sold properties most like yours):

Parcel Number	Address	Gross Living Area	Sale Price	Sale Date	Notes
1					
2					
3					
4					

Additional Remarks:

6. Attached please find (list):

(May include appraisals, engineering reports, or other evidence of value.)

7. Complete this section ONLY IF THIS IS A RENTAL PROPERTY:

Income Information: Total Income for Yr. 20__ : \$ _____

No. of Units	Room Count	No. of Bedrooms	Describe	Rent Per Mo.	Rented Since

How many months were the above vacant last year? _____

Annual Expenses (exclusive of property taxes) for year 20____:

Management	\$ _____	Notes:
Insurance	_____	
Electricity	_____	
Gas	_____	
Water	_____	
Rubbish	_____	
Lawn Care	_____	
Advertising	_____	
Snowplowing	_____	
Other _____	_____	
_____	_____	
TOTAL	\$ _____	

8. Additional Reasons for Opinion of Value:

9. **Mandatory:** _____
 (Must be legible to receive notice of decision rendered.) Signature of Owner/Authorized Agent

Email: _____ PRINT NAME _____

MAILING ADDRESS _____

TELEPHONE NO. (____) _____