

Assessors Review  
Date of Appeal: \_\_\_\_\_  
No. \_\_\_\_\_

Board Appt. \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Office of City Assessor  
City of East Grand Rapids, Michigan

**APPEAL OF ASSESSED VALUATION OF COMMERCIAL PROPERTY**

Owners Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Agent, if not Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: An Authorization from the owner, dated this year, must be attached.

Current Assessed Value: \_\_\_\_\_ Perm. Parcel No. 41- \_\_\_\_\_

Current Taxable Value: \_\_\_\_\_ Capped? \_\_\_\_\_ or Uncapped? \_\_\_\_\_

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

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**INSTRUCTIONS:**

**Please complete all sections which apply to your property.  
Assessor's Review appointments bring 1 completed copy with attachments.  
Board of Review Hearing make 5 (4 copies for the Board and 1 copy for the  
homeowner) completed copies with attachments and return 2 days before the  
hearing if possible.**

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**FOR APPEALS OF ASSESSED VALUE:**

**TAXPAYER'S OPINION OF CORRECT ASSESSED VALUE (50% of True Cash Value):**  
\$ \_\_\_\_\_

**DATA IN SUPPORT OF OPINION OF ASSESSED VALUE:**

Purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

Condition of property: \_\_\_\_\_

Changes to the property since purchase:

Is the property for sale now? \_\_\_\_\_ Listing Agent: \_\_\_\_\_

Asking Price: \$ \_\_\_\_\_ Listed Since: \_\_\_\_\_

Have you had a recent appraisal done of your property? Yes \_\_\_\_\_ No \_\_\_\_\_

Purpose of Appraisal: \_\_\_\_\_ Date: \_\_\_\_\_

Conclusion of Value: \$ \_\_\_\_\_ Appraiser: \_\_\_\_\_

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

*Helpful website: [www.eastgrmi.gov](http://www.eastgrmi.gov), Property Information, Property Sale Search*

Parcel Number	Address	Gross Living Area	Sale Price	Sale Date	Notes
1. 41-					
2. 41-					
3. 41-					
4. 41-					

Additional Remarks:

Attached please find (list):

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

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**PLEASE COMPLETE THIS PAGE ONLY IF THE PROPERTY YOU ARE APPEALING IS INCOME PROPERTY.**

**Attach all of the following that may apply**

**I. FINANCIAL INFORMATION:**

- A. Operating statements of the appealed property for the past 3 years.
- B. Copies of Leases with tenants at the appealed property.

**II. CURRENT RENT (Paid to you as a Landlord OR paid by you as a Tenant):**

- A. Rent Roll of Tenants... if the Landlord.
- B. Copy of Entire Lease...if the Tenant.

**III. APPRAISAL COMPLETED WITHIN THE LAST 5 YEARS, for any purpose.**

**IV. ANY PURCHASE INFORMATION OF THIS PROPERTY OVER THE LAST FIVE YEARS, by you or others.**

**V. AGENTS MUST PROVIDE WRITTEN AUTHORIZATION, signed by the property owner, to represent that owner.**

**FOR APPEALS OF TAXABLE VALUE:**

Demonstrate and give reasons for your calculation of Capped Value and Taxable Value which you believe applies to this appeal. 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.

**Capped Value Formula: (Previous Yr. Taxable Value-LOSSES) X CPI + ADDITIONS= Current Taxable Value**

Have there been any changes in ownership of this parcel since January 1, last year?

Yes\_\_\_\_\_ Date of transfer: \_\_\_\_\_  
No\_\_\_\_\_

**TAXPAYER’S OPINION OF CORRECT TAXABLE VALUE:**

\$\_\_\_\_\_

**Mandatory:**

(Must be legible to receive notice of decision rendered)

\_\_\_\_\_  
**Signature of Owner/Authorized Agent**

**Print Name**\_\_\_\_\_

**Mailing Address**\_\_\_\_\_

\_\_\_\_\_  
**Phone No. ( )**\_\_\_\_\_