

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 RESIDENTIAL 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 _____

INSTRUCTIONS:

Please complete all sections which apply to your property.

Assessor's Review appointments bring 1 completed copy with supporting documentation.

Board of Review Hearing make 5 (4 copies for the Board and 1 copy for the homeowner) completed copies with supporting documentation and return 2 days before the hearing if possible.

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 home: _____

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 on 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, 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.)

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 \$ _____
 Insurance _____
 Electricity _____
 Gas _____
 Water _____
 Rubbish _____
 Lawn Care _____
 Advertising _____
 Snowplowing _____
 Other _____
 Total \$ _____

Additional Reasons for Opinion of Value:

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 a 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. ()_____