

(Date)

BOARD OF REVIEW APPEAL FORM

(ACCT NO)

.....
FILING STATUS:

NO. OF DEPENDANTS: _____
.....

(Table of Balances/Years Due)

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NATURE OF APPEAL (Attach separate page if necessary)

HEARING WAIVED

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AUDITOR'S NOTES
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RULING

Motion _____ **Second** _____ **Opposed** _____

RATIONALE

DISSENT

NAME: _____ **ACCT NO.:** _____

ADDRESS: _____ **SS/FID NO.:** _____

_____ **PHONE:** _____

Signature of Taxpayer or Agent

Date