

Office of _____
Tax Refund Exchange and Compliance System
(TRECs)

Appeal Form

DATE: _____

TAXPAYER NAME: _____

CELL PHONE: _____ HOME PHONE: _____

ADDRESS OF OWNER: _____

ADDRESS OF PROPERTY UNDER APPEAL: _____

PARCEL NUMBER OF PROPERTY UNDER APPEAL: _____

PLEASE EXPLAIN THE REASON FOR THE APPEAL:

Hearing Date _____ Hearing Officers _____

Hearing Determination: Approved _____ Denied _____ Comment _____

