

Office of \_\_\_\_\_

## Findings of Fact

DATE: \_\_\_\_\_

HEARING OFFICERS: \_\_\_\_\_

TAXPAYER NAME: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

ADDRESS OF PROPERTY UNDER APPEAL: \_\_\_\_\_

PARCEL NUMBER OF PROPERTY UNDER APPEAL: \_\_\_\_\_

TAXPAYER IN PERSON: \_\_\_\_\_ and/or BY COUNSEL: \_\_\_\_\_

TAXPAYER SUBMITTED THE FOLLOWING EVIDENCE:

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WITNESSES PRESENTED:

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EVIDENCE CONSIDERED BY HEARING OFFICERS:

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Hearing Determination: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comment \_\_\_\_\_

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