Michigan Department of Treasury 628 (Rev. 11-17)

L-4155

Notice by Owner of Property Incorrectly Reported or Omitted From Assessment Roll

OFFICE USE ONLY					
File Number					
154-					

This form is issued under authority of Section 211.154, MCL.

PART 1: PROPERTY OWNER/AGENT SECTION

PROPERTY OWNER INFORMATION				ATTORN	ATTORNEY OR AGENT INFORMATION (if applicable)			
Property Owner Name (First, Middle Initial, and Last)				Name (First, Mide	Name (First, Middle Initial, and Last)			
Street Address				Street Address				
City		State	ZIP Code	City			State ZIP Code	
Oity		State ZIF Code		Oity	State 21 Sode		State 211 Gode	
E-mail Address	Tele	lephone Number		E-mail Address	E-mail Address Telephone Number			
PROPERTY AND ASS	ESSMENT ROL							
County Where Property is Locate	d	Name of Assessing Unit (indicate City or Township) Village Name (if applicable)				cable)		
Parcel Code		School Di		School District Name	I District Name			
Property Classification								
Real Residential	Real Agricult	ural F		Personal Industri	Personal Industrial		Personal Residential	
Real Industrial	Real Develop	mental	al Personal C		mercial Personal A		gricultural	
Real Commercial	Real Timber-	Cutover		Personal Utility		Special Ro	II (PA 198, PA 255, PA 189)	
	A	SSESSE	D VALUE			TAXABL	E VALUE	
Year(s) for Which Notice				equested			Requested	
was Given	on Assessment Roll		Asse	ssed Value	on Assessment Roll		Taxable Value	
PROPERTY OWNER/A	CENT DEASON	I EOD T	HIS NOT	ICE				
The Property Owner or Agent mus					additional	page if necessary.		
NOTICE OF PROPERT	TV OWNEDCIND							
NOTICE OF PROPERT			wnership	during the time p	eriod sta	rting with the earlie	st year for which a change	
is being requested, up to				addining the time p		9	or your for minor a onango	
Yes No	If Yes,	insert the	e date the	ownership chang	ged:			
NOTICE OF PROPERT	TY OWNERSHIP							
I hereby certify that all the knowledge, information as		ntained w	ithin, and	attached to, this	applica	tion is true and ac	ccurate to the best of my	
Property Owner or Agent Signature Date								
NOTICE: THIS FORM WILL	NOT BE PROCESS	ED IF THE	E FOLLOWI	NG DOCUMENTA	TION IS I	NOT PROVIDED:		
Each form must include calculations showing how the proposed revision in assessed and taxable value was calculated.								
Personal Property: Include of the amended Form 632 (L		l Form 632	2 (L-4175) d	r Form 5278 timely	y filed and	d date stamped by the	e local jurisdiction and a copy	
Real Property: Include a corecord card when it did not ex					m the rec	ord card, or that the p	property was included on the	
For a complete list of www.michigan.gov/154 pet		to pro	cess you	r application,	review	the "MCL 211.15	54 Checklist" online at	

See page 2 for filing instructions for the property owner or agent.

The assessor must complete and sign page 2, and submit the complete form to the Michigan Department of Treasury as directed.

Parcel Code from Page 1	

FILING INSTRUCTIONS FOR PROPERTY OWNER OR AGENT

When you have completed this form, **send or carry one copy to your local assessor**, who will complete the Assessor Sections below and file the fully completed form with the State Tax Commission (STC). The STC's jurisdiction under MCL 211.154 is limited to correcting assessments for the current assessment year (the year of discovery and disclosure to the STC) and two immediately preceding years. You may immediately submit a second copy of this form to the STC at the address on the bottom of this form. Your failure to do so by December 31 of the current calendar year may affect the STC's jurisdiction to consider all of the assessment years that you have included on this form.

PART 1: ASSESSOR SECTION

REAL AND PERSONAL PROPERT	TY INFORMATION								
 Did the owner of the property complete and deliver a Form 632 (L-4175) Personal Property Statement or Form 5278 Eligible Manufacturing Personal Property Combined Document for each year that this notice covers, that was: 									
Timely Filed? (Accepted as file	Timely Filed? (Accepted as filed and used in determining the assessment that was confirmed by the Board of Review?)								
Estimated/Not Filed? If estimated	Estimated/Not Filed? If estimated or not filed, indicate the year(s):								
2. Is this property assessed on the Industrial Facilities Tax Roll, the Commercial Facilities Tax Roll, the Technology Park Facilities Roll, the Neighborhood Enterprise Zone Roll, the Renaissance Zone or as an Act 189 of 1953? Yes No If Yes, specify the roll:									
ASSESSOR CONCURRENCE OF									
I AGREE with this request for corrected Assessed Value and/or Taxable Value. I DO NOT AGREE with this request for corrected Assessed Value and/or Taxable Value. (The assessor who checks this box must submit an explanation below for not concurring with this request.)									
ASSESSOR EXPLANATION FOR	R CONCURRENCE OR DISAGREEMENT								
ASSESSOR CERTIFICATION I hereby certify that all the information knowledge, information and belief. Assessor Signature Assessor Name	n contained within, and attached to, this application is tru Date	ue and accurate to the best of my							
Address (Number, Street, City, State and ZIP Code)								
Telephone Number	E-mail Address								
RETURN THE COMPLETED AND SIGN Michigan Department of Treasury State Tax Commission PO Box 30471 Lansing MI 48909	ED FORM, AND ANY ATTACHMENTS, TO:	STC Date Stamp							
www.mi	chigan.gov/154 petitions								