



### Request for Informal Review

Property Assessment Division

This procedure is in compliance with the MCA. This form **must be filed within 30 days** from the date on the assessment notice (notice of classification and appraisal) from the department.

Owner/Company Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Filing this Form (if different from above) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Number \_\_\_\_\_  
(Department of Revenue use only)

County of \_\_\_\_\_

Geocode \_\_\_\_\_

Assessment Code \_\_\_\_\_

Legal Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

I am dissatisfied with the assessment/appraisal provided to me by the Department of Revenue for the following reasons. Please list factual reasons for your dissatisfaction. If more space is needed, please attach additional pages to this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Choose One

- I request a review of my assessment using only the information I have submitted.  
or  
 I request an informal review meeting to provide additional information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Department Use Only

As a result of this informal review, an adjustment  was  was not made for the following reasons \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reviewed by \_\_\_\_\_ Title \_\_\_\_\_

The results of this informal review were sent to the customer on (date) \_\_\_\_\_

If you are dissatisfied with this decision, you may request further review or you may file an appeal with the County Tax Appeal Board (CTAB). The appeal to the CTAB must be filed by the first Monday in June or within 30 days after notice of the department's determination is mailed to the taxpayer or within 30 days after receiving an assessment notice from the department, whichever is later.