



Notice of Referral to the Office of Dispute Resolution

You may appeal a decision made by the Department of Revenue based upon the informal review of your Statement of Account, or for centrally assessed property's final Appraisal Report. You must file this Notice of Referral **within 15 days** of the date on the notice of the determination from the department. Please attach a copy of your Request for Informal Review (Form APLS101F) or detailed letter explaining your objection.

Name/Address _____
Account ID: _____

Following my informal review, I hereby make application to the Office of Dispute Resolution of the Department of Revenue for review on this _____ day of _____, 20 ____ .

Please indicate the type of tax and tax periods you are disputing (centrally assessed property, corporation, natural resource, income, etc.): _____

E-mail _____
County of _____
Account Number _____
FEIN _____ - _____ or
SSN _____ - _____ - _____

Owner/Business name and address: _____

Legal description (if applicable): _____

Person filing this form (if different from above): _____

Phone Number (_____) _____ - _____
Fax Number (_____) _____ - _____

You may have someone represent you in this matter. If you want someone to represent you, please provide us with a copy of a completed Department of Revenue Power of Attorney form. You can get this form on our website at mt.gov/revenue or by calling us toll free at (866) 859-2254 (in Helena, 444-6900).

Mail to: Montana Department of Revenue, PO Box 7701, Helena, MT 59604-7701

FOR DEPARTMENT USE ONLY	
Date received by the Office of Dispute Resolution _____	
Was a Request for Informal Review (Form APLS101F) filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of review _____	
Person receiving this form _____	Title/Role _____