

AB-26 Rev. 1-09

## **Request for Informal Review**

Property Assessment Division 15-7-102, MCA

Please return this form to your local Montana Department of Revenue office no later than 30 days from the date on the assessment notice (notice of classification and appraisal) from the department.

	•	
Owner/Company Nam	ne and Address	Application Number
		(Department of Revenue use only)
		County
		GeocodeAssessment Code
Person Filing this Form (if different from above)		Legal Description
Email		
Please Choose One:		
	☐ I request an informal review	w meeting to provide additional information.
Signature	Date	
For Department Use	Only	
<u> </u>	•	was use was not made for the following reasons:
Reviewed by		Title
*	rmal review were sent to the taxp	
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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 the notice of the department's determination is mailed to the taxpayer or within 30 days after receiving an assessment notice from the department, whichever occurs later.

Questions? Please call your local Department of Revenue Property Assessment Division Office.