

Assessors Review  
Date of Appeal: \_\_\_\_\_  
No. \_\_\_\_\_

Board Appt. \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Office of City Assessor  
City of East Grand Rapids, Michigan

**APPEAL OF ASSESSED VALUATION OF RESIDENTIAL PROPERTY**

Owners Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Current Assessed Value: \_\_\_\_\_ Perm. Parcel No. 41- \_\_\_\_\_

Current Taxable Value: \_\_\_\_\_ Capped? \_\_\_\_\_ or Uncapped? \_\_\_\_\_

Appeal of (check all that apply): Assessed Value \_\_\_\_\_ Taxable Value \_\_\_\_\_

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**INSTRUCTIONS:**

**Please complete all sections which apply to your property.  
Assessor's Review appointments bring 1 completed copy with attachments.  
Board of Review Hearing make 5 completed copies with attachments and return 2  
days prior to hearing if possible.**

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**FOR APPEALS OF ASSESSED VALUE:**

**TAXPAYER'S OPINION OF CORRECT ASSESSED VALUE (50% of True Cash Value):**  
\$ \_\_\_\_\_

**DATA IN SUPPORT OF OPINION OF ASSESSED VALUE:**

Purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Condition: \_\_\_\_\_

Changes to property since purchase:

Is the property for sale now? \_\_\_\_\_ Listing Agent: \_\_\_\_\_  
Asking Price: \$ \_\_\_\_\_ Listed Since: \_\_\_\_\_  
Have you had recent appraisal done of your property? Yes \_\_\_\_\_ No \_\_\_\_\_  
Purpose of Appraisal: \_\_\_\_\_ Date: \_\_\_\_\_  
Conclusion of Value: \$ \_\_\_\_\_ Appraiser: \_\_\_\_\_

**Comparable sold properties to be considered (choose sold properties most like yours):**

*Helpful website: [www.eastgr.org](http://www.eastgr.org), Property Information, Property Sale Search*

<b>Parcel Number</b>	<b>Address</b>	<b>Gross Living Area</b>	<b>Sale Price</b>	<b>Sale Date</b>	<b>Notes</b>
1. 41-					
2. 41-					
3. 41-					
4. 41-					

Additional Remarks:

Attached please find (list):

(May include appraisals, engineering reports, or other evidence of value.)

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**Complete this section ONLY IF THIS IS A RENTAL PROPERTY:**

Income Information: \_\_\_\_\_ Total Income for Yr. 20\_\_ : \$ \_\_\_\_\_

No. of Units	Room Count	No. of Bedrooms	Describe	Rent Per Mo.	Rented Since

How many months were the above vacant last year?

\_\_\_\_\_

**Annual Expenses** (exclusive of property taxes) for year 20\_\_ :

Management	\$ _____
Insurance	_____
Electricity	_____
Gas	_____
Water	_____
Rubbish	_____
Lawn Care	_____
Advertising	_____
Snowplowing	_____
Other	_____
<b>Total</b>	<b>\$ _____</b>

Additional Reasons for Opinion of Value:

**FOR APPEALS OF TAXABLE VALUE:**

Demonstrate and give reasons for your calculation of Capped Value and Taxable Value which you believe applies to this appeal. Keep in mind that changes in Assessed Value as a result of an appeal of that value will result in recalculation of Capped Value and a redetermination of Taxable Value even if you have not appealed Taxable Value.

**Capped Value Formula: (Previous Yr. Taxable Value-LOSSES) X CPI + ADDITIONS= Current Taxable Value**

Have there been any changes in ownership of this parcel since January 1, last year?

Yes \_\_\_\_\_ Date of transfer: \_\_\_\_\_

No \_\_\_\_\_

**TAXPAYER'S OPINION OF CORRECT TAXABLE VALUE:**

\$ \_\_\_\_\_

**Mandatory:**

(Must be legible to receive notice of decision rendered)

\_\_\_\_\_  
**Signature of Owner/Authorized Agent**

**Print Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Phone No. ( )** \_\_\_\_\_