Town of Advance Clerk-Treasurer's Office

Tax Refund Exchange and Compliance System

(TRECs)

Appeal Form

DATE: _____

TAXPAYER NAME: _____

CELL PHONE: _____ HOME PHONE: _____

ADDRESS OF OWNER: _____

ADDRESS OF PROPERTY UNDER APPEAL: _____

PARCEL NUMBER OF PROPERTY UNDER APPEAL: _____

PLEASE EXPLAIN THE REASON FOR THE APPEAL:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(Below line for office use only)

HEARING DATE: _____ HEARING OFFICERS: _____

_____

HEARING DETERMINATION: APPROVED _____ DENIED _____ COMMENT _____

_____
_____

If you disagree with the written decision you may file an action with the circuit or superior court.