BOARD OF REVIEW APPEAL FORM (Date) (ACCT NO) FILING STATUS: NO. OF DEPENDANTS: ___ (Table of Balances/Years Due) NATURE OF APPEAL (Attach separate page if necessary) **HEARING WAIVED** □ **AUDITOR'S NOTES**

RULING

Motion	Second	Opposed	
	RATION		
	14111 0.		
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	DISSE	NT	
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NAME:		ACCT NO.:	
ADDRESS:			
		PHONE:	
•••••			•••••
Signature of Taxpayer or Agent		 Date	