

TOWNSHIP ASSESSOR RESPONSE FORM
TO ASSESSMENT COMPLAINT

PIN #: _____

Docket #: _____

Property Address: _____

Property Owner: _____

Filing Date: _____ **Return By Date:** _____

Property Description: Residential Commercial

Assessor's Opinion:

A reduction is warranted ---> Suggested Market Value: _____

No reduction warranted

Other

Hearing requested

Please provide the basis for your contention below or attach appropriate evidence.

Assessor Name: _____

Signature: _____

Date: _____