

Hearing Number: _____

REQUEST FOR PRELIMINARY CONFERENCE ST. JOHN TOWNSHIP

ASSESSMENT DATE MARCH 1, 20__

Type of Property: Real ___ Personal ___

Date of Request: ___/___/___

Key/Dup#: _____

Owner: _____

Phone: Home ___-___-___

Work ___-___-___

Cell ___-___-___

Mailing Address: _____

City: _____ State _____ Zip _____

Property Address, if different: _____

Brief outline of items to be discussed: Please note that per IC 6-1.1-22-8.1 evidence relevant to your True Tax Value as of the date of assessment in question will be required for any appeal.

Signature of Requestor: _____

**REASONABLE EFFORT WILL BE MADE TO SCHEDULE A
CONFERENCE WITHIN 45 DAYS OF RECEIPT OF THIS REQUEST.
APPEAL MUST BE FILED WITHIN 30 DAYS OF RECEIPT OF TAX BILL.**

Schedule date: ___/___/___

Time: ___:___

Results of
Hearing: _____

Signed: _____
Assessor

Owner/Representative

