

ASSESSORS REVIEW  
DATE OF APPEAL: \_\_\_\_\_  
NO. \_\_\_\_\_

BOARD APPT. \_\_\_\_\_  
DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

**OFFICE OF CITY ASSESSOR  
CITY OF KENTWOOD, MICHIGAN**

**APPEAL OF ASSESSED VALUATION  
OF  
COMMERCIAL OR INDUSTRIAL PROPERTY**

OWNERS NAME \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

ASSESSED VALUE \$ \_\_\_\_\_ PARCEL NO. 41- \_\_\_\_\_

TAXABLE VALUE \$ \_\_\_\_\_ CAPPED \_\_\_\_\_ OR UNCAPPED \_\_\_\_\_

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

---

**INSTRUCTIONS:**

Answer all questions as fully as possible. Addition information may be included with this appeal on a separate sheet(s) if necessary. Copies of appraisals or other supporting material should also be included. Only those reasons stated or information presented here will be considered. Questions left unanswered will constitute an improper appeal and can be cause for denial.

---

**I. FOR APPEALS OF TAXABLE VALUE:**

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

Have there been any changes in ownership of this parcel since January 1, last year? \_\_\_\_yes \_\_\_\_ no  
Explain transfers:

Date of transfer: \_\_\_\_\_  
TAXPAYER'S OPINION OF CORRECT TAXABLE VALUE: \$ \_\_\_\_\_

---

**II. FOR APPEALS OF ASSESSED VALUE:**

TAXPAYER'S OPINION OF CORRECT ASSESSED VALUE: \$ \_\_\_\_\_

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

1. Purchase price \$ \_\_\_\_\_ Date \_\_\_\_\_  
 TYPE OF FINANCING:  
 Mortgage, Land Contract or Cash? \_\_\_\_\_ Down Payment \$ \_\_\_\_\_  
 Terms \_\_\_\_\_
2. Cost of additions and/or improvements \$ \_\_\_\_\_
3. FOR NEW CONSTRUCTION:
 

Cost of land	\$ _____	Yr Purchased _____
Cost of land improvements (sewer, street, etc. )	\$ _____	Yr Installed _____
Cost of yard improvements Paving, fencing, lighting	\$ _____	Yr Installed _____
Cost of Building	\$ _____	Yr Built _____
Cost of alterations	\$ _____	Yr Completed _____
Architect's Fee	\$ _____	
Contractor's Profit	\$ _____	
Total Cost	\$ _____	
4. Cost of leasehold improvements \$ \_\_\_\_\_ Yr Installed \_\_\_\_\_
5. IF AN APPRAISAL HAS BEEN MADE - By Whom? \_\_\_\_\_  
 Purpose? \_\_\_\_\_  
 Value Conclusion? \$ \_\_\_\_\_ Date \_\_\_\_\_
6. Insured Value of Property: \$ \_\_\_\_\_
7. COMPARABLE SOLD PROPERTIES:

PARCEL NUMBER	ADDRESS	GROSS FL AREA	SALE PRICE	DATE
1				
2				
3				

NOTES:

8. IF PROPERTY IS FOR SALE
 

Asking Price \$ _____	Listed with _____
Minimum amount acceptable – include sales commissions \$ _____	
Listed Since _____	Activity to Date:

9. INCOME INFORMATION: Attach schedules or complete below:

Actual: \_\_\_\_\_ OR Estimated \_\_\_\_\_ Year \_\_\_\_\_

Net rentable area \_\_\_\_\_ Rate per square foot \$ \_\_\_\_\_

Income schedule \_\_\_\_\_

Terms of Leases \_\_\_\_\_

Other (incl. Tenant exp. reimbursement): \$ \_\_\_\_\_

Gross Income (annual)..... \$ \_\_\_\_\_

Vacancy \_\_\_\_\_%

EXPENSES

Management fee: \_\_\_\_\_% of Eff. Gross, or \$ \_\_\_\_\_

Operating Expenses (WITHOUT PROPERTY TAXES OR DEPREC.)

Insurance (year) \_\_\_\_\_

Heat \_\_\_\_\_

Electricity \_\_\_\_\_

Water & Sewer \_\_\_\_\_

Rubbish & Snow \_\_\_\_\_

Yard Care \_\_\_\_\_

Int. Ext. Maint. \_\_\_\_\_

Decorating \_\_\_\_\_

Elevator Maintenance \_\_\_\_\_

Pool Maintenance \_\_\_\_\_

TOTAL \_\_\_\_\_

Operating Expense = \_\_\_\_\_% or Gross Income

TOTAL EXPENSES: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Expenses \* 100 = \_\_\_\_\_% of Gross Income  
\$ \_\_\_\_\_ Gross Income

Gross Sales 20 \_\_\_\_\_

For past 20 \_\_\_\_\_

Three years 20 \_\_\_\_\_

10. The following additional information is offered in support of my opinion of current market value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Signature: Owner \_\_\_\_\_ or Authorized Agent \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_