CITY OF FRANKLIN
SELENIA R. BOONE, COMMISSIONER OF THE REVENUE
207 WEST SECOND AVE. FRANKLIN, VIRGINIA 23851

APPEAL# 22-____

APPLICATION FOR APPEAL

Date of Appeal:
Business Legal Name:
Business Trade Name:
Business Location Address:
Mailing Address:
Tax Year(s) under Appeal: Amount of Tax in Dispute:
Specific Relief Sought:
Explain the basis for the appeal and the reasoning for why the Commissioner's assessment should be changed:
Listing of documents submitted to support your above stated reasoning including a copy of the assessment om question. For business property, include documentation establishing original purchase date and cost of each item and a copy of all Federal Income Tax Return Forms and Schedules for the past 3 years.
CERTIFICATION
I declare, under penalty of perjury, (1) that the forgoing information is complete, true, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.(attach authorization)
Contact Name:
Contact Phone:
Contact Email:
Signature:
Title:
OFFICE USE ONLY
FINAL DETERMINATION DATE:

Phone: 757-562-8552 Fax: 757-569-0964