



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

APPEAL# _-__

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:	