

**City of Huntsville, Alabama
Petition for Review
of Preliminary Assessment**

Taxpayer's Name _____ Type of Tax(es) _____
D/B/A _____ Period Covered _____
Address _____ Total Amount Assessed _____
_____ Account Number _____
Telephone Number _____ Taxpayer's ID Number _____
(Social Security Number or FEIN)

1. Explain below the reason(s) you disagree with the Preliminary Assessment issued by the City (Attach additional sheet, if necessary).

2. If you have additional evidence or information which will support your objections to the Preliminary Assessment, attach photocopies, if possible.
3. Do you wish to schedule a conference during which you may present your position to the City? If you mark yes, you will be notified in writing of a date and time for the conference.
 Yes No

I disagree with the Preliminary Assessment issued against me for the reason(s) detailed above and hereby file this Petition for Review.

Signature of Taxpayer or Representative _____
(Representative must attach Power of Attorney) Date

Title

Signature of Joint Taxpayer or Representative _____
Date

NOTE: If this is an appeal by a corporation, an authorized officer must sign. An appeal by a partnership requires the signature of a partner.

This form must be completed and mailed to the address on the Preliminary Assessment within thirty (30) calendar days of the issuance of the Preliminary Assessment. Questions may be directed to the City of Huntsville Finance Department at (256) 427-5068.