



Rossburn Municipality

Board of Revision

Attn: Secretary of the Board of Revision

Applicant

Name: _____

Mailing Address: _____

Phone #: _____ Email address: _____

Property

Owner: _____ Roll #: _____
(If different than above)

Address or Legal Description: _____

Assessed Value: _____

Supplementary Assessment: _____

Subject of Appeal: check all that apply

Assessed value Classification Business Assessment Supplementary assessment

Grounds for Application:

_____ Date

_____ Applicant Signature

Must be received at least 15 days before the scheduled hearing date.