

Petition to July/December Board of Review

Petition Number: (Township Use Only)

Year(s)

Property Location:

Parcel No.

C -19- ____ - ____ - ____

Address:

Township of Bloomfield

OAKLAND

Property Class: (Township Use Only)

Property Owner Information:

Name & Address & Telephone Information:

If Represented by Attorney or Agent:

Name & Address & Telephone Information:

School District:

The property owner or his/her authorized agent hereby files a petition to the July/December Board of Review for the property described above for the following years:

Owner Signature _____

Co-Owner Signature _____

Date: _____