## ASSESSMENT HEARING OBJECTION FORM

## PROJECT NO. \_\_\_\_\_

| Address of assessed parcel:   |                                |                           |
|---|--------------------------------|---------------------------|
| Property identification number: 02  |                                | <del>_</del>              |
| Do you wish to address the City Cou   | uncil? Yes No                  |                           |
| Please complete this form if you into your assessment. This form must be assessment hearing or presented to t | e completed and filed with the | e City Clerk prior to the |
| become part of the public hearing re  | ecord.                         |                           |
| I request that the City Council consi   | der (check one):               |                           |
| a Cancellation of assessr   | ment                           |                           |
| b Revision of assessment  | t                              |                           |
| Reason for the request:   |                                |                           |
|   |                                |                           |
|   |                                |                           |
|   |                                |                           |
|   |                                |                           |
|   |                                |                           |
|   |                                |                           |
| Print Name  | Signature                      | Date                      |
| Address of Property Owner   | Zip Code                       | Telephone                 |