

City of Wellston

Tax Assessment Complaint Form

- 1. Property Owner: _____
- 2. Parcel Number: _____
- 3. Owners Mailing Address: _____
- 4. Property Address: _____
- 5. Contact Number: _____

Assessment Type: _____
(Grass, Demolition, Trash, Water, Sewer)

Please provide a detail description of the reason your property should not have been assessed.

Property Owner Signature: _____ Date: _____

NOTE: Please have the following documents for your hearing with the Service Safety Director or his designee.

Copy of Deed, County Tax Bill, Copy of Receipts