

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 Receipt's