

PETITION FOR ADMINISTRATIVE APPEAL



MBP TAX COLLECTOR
Township of Lower Merion
75 E. Lancaster Avenue, 2nd Floor
Ardmore, PA 19003

TAXPAYER: _____ Account Number: _____
MAILING ADDRESS: _____
TELEPHONE _____ FAX: _____
EMAIL ADDRESS: _____
TAX YEAR(S) TO BE REVIEWED: _____
MATTER(S) BEING APPEALED: (Circle all that apply)
TOWNSHIP TAX ASSESSMENT DENIAL OF REFUND
HEARING REQUESTED: Y N HEARING WAIVED Y N
If hearing waived is marked yes, decision will be rendered based on this petition and supporting documentation.

RELIEF SOUGHT: DESCRIBE THE RELIEF BEING SOUGHT IN DETAIL _____

BASIS FOR APPEAL:
PLEASE STATE THE LEGAL BASIS FOR YOUR APPEAL AND EXPLAIN WHY YOU BELIEVE THAT THE ASSESSMENT SHOULD BE CHANGED OR A REFUND ISSUED (Attach additional sheets if needed):

BUSINESS DESCRIPTION: DESCRIBE THE NATURE OF YOUR BUSINESS ACTIVITIES IN THE TOWNSHIP. (Attach additional sheets if needed):

REQUIRED ATTACHMENTS:

COPIES OF THE ASSESSMENT OR TAX RETURN WHICH IS IN DISPUTE
ANY DOCUMENTATION WHICH SUPPORTS YOUR POSITION

INCOMPLETE PETITIONS AND PETITIONS WITHOUT DOCUMENTATION WILL BE NULL AND VOID.

VERIFICATION: (Must be signed by taxpayer or officer of taxpayer)

I, _____, hereby certify that I am either the taxpayer or authorized by the taxpayer to file this petition and make this verification. I hereby certify that the information I have given in this Petition is complete and correct to the best of my knowledge, information, and belief. I make this verification under and pursuant to the penalty of 18 Pa. C.C. §4909 (relating to unsworn falsification to authorities).

Signature:	
Print Name:	
Title	
Federal EIN or SSN	

REPRESENTATION: (Circle one)

Self Attorney Accountant

Name: _____

Firm Name: _____

Telephone: _____

Address: _____

Email: _____

If taxpayer authorizes a copy of any notices to be sent to their representative please sign here:

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