



Withdrawal Form for Informal Review or Appeal

AB-63
V2 12/2016

Property Owner Name _____

Mailing Address _____

Contact Phone Number _____

Select the correct level for your withdrawal request.

☐ Request for Informal Classification and Appraisal Review (Form AB-26)

☐ County Tax Appeal Board _____
County Name

Docket Number (if known) _____

☐ Montana Tax Appeal Board

Docket Number (if known) _____

Important:

- If you marked the County or Montana Tax Appeal Board check box, send a copy of this form with an original signature to the tax appeal board where you filed your appeal.
- You must submit a copy of this form to the local county Department of Revenue office where the property is located.

Property Description

County _____

Geocode _____ Assessment Code _____

Property Address _____ City or Town _____

Reason for Withdrawal

Signature

I understand I have the right to request an informal classification and appraisal review or formally appeal the value or classification set by the department and that by signing this withdrawal form, I willingly waive that right for the property described above.

X Property Owner Signature _____ Date _____

Questions? Visit MTRevenue.gov, or call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.