



**NOTICE OF DEFECT IN COMPLETION
OF ASSESSMENT APPEAL**

State Form 43087 (R3 / 12-15)

Prescribed by the Department of Local Government Finance

FORM 138

Name of petitioner			
Address of petitioner	City	State	ZIP Code
Name of authorized representative <i>(If different from taxpayer.)</i>			
Address of authorized representative <i>(number and street)</i>	City	State	ZIP Code

You have filed the following petition form <i>(attached)</i> with the :			
		<input type="checkbox"/> County Assessor	<input type="checkbox"/> County Auditor
Filing date <i>(month, day, year)</i>	Petition number	Form number <i>(check one)</i> <input type="checkbox"/> 130 <input type="checkbox"/> 133 <input type="checkbox"/> _____	Assessment date for which form was filed January 1, 20_____
Description and location of property			
County	Township	Parcel or key number <i>(for real property)</i>	

Completion of the above-referenced form was found to be inadequate in the following respects:

SECTION	DEFECT

You are hereby notified that you may cure these defects by correcting the attached form or submitting a statement that you believe that the petition is not defective. The corrected form or statement must be filed by _____ *(date thirty (30) days from the date of this notice)*.
Return the corrected form or statement to the address listed here:

FAILURE TO TIMELY RESPOND TO THIS NOTICE WILL RESULT IN THE DENIAL OF THE PETITION.

Signature	Title	Date <i>(month, date, year)</i>
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