



NOTICE OF DEFECT IN COMPLETION OF ASSESSMENT APPEAL

State Form 43087 (R4 / 1-18)

Prescribed by the Department of Local Government Finance

FORM 138

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

You have filed the following appeal form (attached):

Filing date (month, day, year)	Petition number	Form number (check one) <input type="checkbox"/> 130 <input type="checkbox"/> _____	Assessment date for which form was filed January 1, 20_____
Description and location of property			
County	Township	Parcel or key number (for real property)	

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 (month, date, year)
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