

Administrative Appeal for the Correction of an Tax Assessment

Date of Application _____

Business Legal Name and FEIN _____

Business Trade Name _____

City of Norfolk Account Number _____

Business Location Address _____

Mailing Address _____

Type of Tax(s) _____

Statutory Code cited as your basis of the claim _____

Tax Period(s) Covered _____

Amount of Tax in Dispute _____

Reasoning for why the assessment should be changed:

Listing of documentation submitted to support your above stated reasoning:

Person Submitting this Application _____

Contact Telephone Number _____

Contact Email Address _____

Signature of Contact Person _____ **Date** _____

Once all required information has been received by the office of the Commissioner of the Revenue, this office will have 90 days to respond.

Incomplete Applications Will Not Be Considered.