

**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.**