

**Before the Utah State Tax Commission
Petition for Expedited Hearing**

PETITIONER:

Name: _____
Daytime Phone: _____
FAX: _____
Mailing Address: _____

PETITIONER'S REPRESENTATIVE (if any):

Name: _____
Daytime Phone: _____
FAX: _____
Mailing Address: _____

**I authorize the above-named person to discuss this
Appeal with the Utah State Tax Commission. Yes No**

PRIMARY ISSUE:

This appeal involves an assessment, decision, or action by:

- | | | |
|--|---|---|
| <input type="checkbox"/> Property Tax Division | <input type="checkbox"/> Taxpayer Services Division | <input type="checkbox"/> Motor Vehicle Enforcement Division |
| <input type="checkbox"/> Auditing Division | <input type="checkbox"/> Motor Vehicle Division | <input type="checkbox"/> Other _____ |

Describe the primary issue: Factor Order Certified Tax Rate Suspension or Denial of a License

Other (explain) _____

Reason for requesting expedited hearing: _____

If this appeal results from a decision, letter, assessment, or notice issued by a Division of the Tax Commission, state the date of that action and the name of the Division which took the action. (Attach a copy of the decision letter, assessment or notice to this form.)

_____/_____/_____
Date Division

Section 59-1-502.5 of the Utah Code entitles the petitioning party to an Initial Hearing, with rights to pursue the matter further in a Formal Hearing. As the petitioning party, you may waive your right to the Initial Hearing and proceed directly to the Formal Hearing. Indicate your preference:

- I waive the Initial Hearing** **I request an Initial Hearing**

REQUEST FOR RELIEF:

Describe the basis for your appeal and the relief that you seek from the Tax Commission (attach additional pages if necessary):

Petitioner's signature: _____ Date: _____

The Tax Commission Appeals Unit will accept all written submissions by email, mail, or fax:

**Utah State Tax Commission
Appeals Unit
210 North 1950 West
SLC, UT 84134**

**Fax: 801-297-3919
Email: taxappeals@utah.gov**