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:

☐ Property Tax Division ☐ Taxpayer Services Division ☐ Motor Vehicle Enforcement Division

☐ Auditing Division ☐ Motor Vehicle Division ☐ Other _____

Describe the primary issue: ☐ Factor Order ☐ Certified Tax Rate ☐ 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 and title of the person who took the action. (Attach a copy of any letter or notice to this form.)

_____ / _____ / _____ _____

Date Name and Title

Section 59-1-501.5 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):_____

_____

_____

_____

Signed: _____ Date: _____

Send Appeals Documents to: **Utah State Tax Commission, Appeals Unit**
210 North 1950 West
SLC, UT 84134