

TAX YEAR: 2019
PAYABLE: 2020

TNT INFORMATION for: _____

Contact Information for Truth in Taxation Notices

Contact Person _____

Phone Number _____

Entity Address _____

Entity City, State & ZIP _____

Include Contact Person Yes _____ or No _____

Include Phone Number Yes _____ or No _____

Hearing Location Information:

Date _____

Time _____

Place _____
(confine to 20 spaces)

Address _____

City, State & ZIP _____

Clerk Signature

Date of Certification

Office use only:

AUTHORITY: _____

ENTITY: _____