

# City of Springdale

## NOTICE OF APPEAL AND REQUEST FOR A HEARING BEFORE THE SPRINGDALE TAX REVIEW BOARD

File original with:  
Springdale Tax Review Board  
11700 Springfield Pike  
Springdale, Ohio  
45246

PHONE: (513) 346-5715  
FAX: (513) 346-5756

File copy with:  
Tax Commissioner  
Springdale Tax Commission  
11700 Springfield Pike  
Springdale, Ohio  
45246

1. Taxpayers Name:		3. Federal or Springdale ID#:	
2a. Address:		4. Telephone#:	
2b. City:	2c. State:	2d. Zip Code:	

I request a hearing before the Springdale Tax Review Board for the following reason(s):

---

---

---

---

---

---

---

---

---

---

The hearing with the Springdale Tax Review Board will be private unless you request a public hearing. Check the box below to request a public hearing.

I request a public hearing with the Springdale Tax Review Board.

Under penalties of perjury, I declare that I am the above named taxpayer or that I have been authorized by the above named taxpayer to make this appeal, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

Signature

Title

Date

**NOTE: This request must be filed with the Springdale Tax Review Board and with the Tax Commissioner within thirty (30) days after the announcement of the Tax Commissioner's ruling or decisions from which the appeal is being made. You will be notified in writing of the date of the hearing with the Springdale Tax Review Board. The Tax Review Board's decision will be made at the time of the hearing whether or not you are present.**

**FOR SPRINGDALE TAX REVIEW BOARD USE ONLY**

**Taxpayer's request for a hearing before the Springdale Tax Review Board is granted.**

**Taxpayer's hearing is scheduled for \_\_\_\_\_, 19\_\_\_\_ at \_\_\_\_\_ AM / PM**  
Date Time

**Taxpayer's request for a hearing before the Springdale Tax Review Board is denied for the following reason(s):**

---

---

---

---

---

---

---

---

**Tax Review Board**

**Date**