

1. Petitioner Name(s):	3. Property Location: City/Township of: County of:
2. Indicate the Tax Court Division Being Appealed To: <input type="checkbox"/> Regular Division <input type="checkbox"/> Small Claims Division By electing to file in the Small Claims Division, Petitioner(s) is/are aware that no appeal may be had from a small claims judgment and agree(s) that the decision of the Tax Court shall be conclusive.	4. a. Petitioner(s) Interest in the Subject Property: <input type="checkbox"/> Owner or Part-Owner <input type="checkbox"/> Other (please specify): * Petitioner(s) must have a qualifying interest in the subject property. b. Is this property income-producing? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Property Description: You must ATTACH to this petition and to each copy of this petition ONE OF THE FOLLOWING: (a) the contested notice of valuation; (b) property tax statement; or (c) a legal description of the property (including the Property I.D. Number).	
6. Assessment Date (also described as valuation date): January 2, _____ for taxes payable in the year _____.	
7. Petitioner alleges the following error(s) in the assessment (check all applicable boxes) and requests from the Tax Court a judgment correcting the errors: <input type="checkbox"/> Estimated market value is greater than property's actual market value. <input type="checkbox"/> The subject property is unequally assessed when compared with other property.* <input type="checkbox"/> Classification is incorrect. <input type="checkbox"/> The subject property is exempt from taxation. <input type="checkbox"/> Other (please specify, using an attachment if necessary): * The Tax Court interprets the selection of this box to incorporate a challenge (as necessary) as to the estimated market value of the assessment.	
8. Attorney Signature: _____ Signature of Attorney for Petitioner(s) _____ Please Print Attorney's Name Attorney Registration No.: Attorney Address: Telephone No.: Fax No.: Email address:	8a. Petitioner(s) Signature: (only if not using an attorney) _____ Signature of Petitioner(s) _____ Please Print Petitioner(s) Name Petitioner(s) Address: Work Telephone No.: Home Telephone No.: Email address:

INSTRUCTIONS: Please see detailed instructions, which are available on the Tax Court's website at <https://mn.gov/tax-court/forms/forms>, by contacting the District Court Administrator's Office, or by contacting the Minnesota Tax Court. You must file the original petition with any attachments, proof of service, and filing fee with the Court Administrator's Office of the District Court in the county where your property is located **on or before April 30th** of the year in which the tax becomes payable. You must also follow county-specific protocol for filing specific additional documents, and you must serve specific county officials.

Deaf/Hard of Hearing/Speech-Impaired Only: TDD users may call the Minnesota Tax Court through the Minnesota Relay Service: Greater Minnesota (800) 627-3529. Ask for (651) 296-2806.

AFFIDAVIT OF PERSONAL SERVICE (FOR PROCESS SERVER OR OTHER NONPARTY, IN-PERSON DELIVERY ONLY)

STATE OF MINNESOTA)
) ss.
COUNT OF _____)

_____, being first duly sworn, says that in connection with the filing of this property tax petition in _____ County, Minnesota, they have served _____ true and correct copies of the petition to the County Auditor's Office on the ____ day of _____, 20____.

Petitioner's Agent

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

OR

ADMISSION OF SERVICE (FOR PERSONAL DELIVERY BY PETITIONER ONLY)

Service on County Auditor

Service of ____ copy(ies) of Petition is hereby admitted this ____ day of _____, 20____.

Auditor of _____ County.

Official's signature: _____