

**ADEQUATE FACILITY TAX  
APPEALS FORM**

Reference No.: \_\_\_\_\_

City or County: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address/Tax Map No.: \_\_\_\_\_

Subdivision (if applicable): \_\_\_\_\_

Date and Amount of Payment: \_\_\_\_\_

Protest Made to: \_\_\_\_\_

Reason for Appeal (Please clarify by legibly writing or printing below why you feel aggrieved by Adequate Facilities Tax, pertaining to this reference number only): \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_