



MELODY KICKERT

St. John Township Assessor

9157 Wicker Ave.

St. John, IN 46373

REQUEST FOR PRELIMINARY CONFERENCE

ST. JOHN TOWNSHIP

ASSESSMENT DATE: MARCH 1, 20____

Type of Property: Real____ Personal____

Date of Request: _____ Parcel Identification #: _____

Owner: _____ Phone Number (Home): _____

Phone (Work): _____ Phone (Cell): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Address (if different): _____

Please provide a brief outline of items to be discussed: Please note that per IC § 6-1.1-15-1, evidence relevant to your True Tax Value as of the date of assessment in question will be required for any appeal.

Please Enter Reason for Appeal/Evidence Below. A Text Box will appear for Your Convenience.

Signature of Requestor: _____

A reasonable effort will be made to schedule a conference within forty-five (45) days of receipt of this request. An appeal must be filed within forty-five (45) days of receipt of your Form 11.

If you have any questions, comments, or concerns please visit: <http://melodykikkert.com> or contact us at (219)-365-2777 or at melodykikkert@ymail.com.