



# ALABAMA TAX TRIBUNAL Notice of Appeal – County/Municipality Disputes

FORM  
**ATT-2**  
01/2016

www.taxtribunal.alabama.gov

Room 301 • 2 North Jackson Street • Montgomery, AL 36104 • (334) 954-7195

(1) TAXPAYER NAME	SSN OR FEIN
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(2) TAXPAYER MAILING ADDRESS

(3) TELEPHONE NUMBER (    )	E-MAIL ADDRESS
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(4) TAXPAYER'S AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

(5) AUTHORIZED REPRESENTATIVE'S MAILING ADDRESS

(6) TELEPHONE NUMBER (    )	E-MAIL ADDRESS
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(7) Please identify the county and/or municipality that issued the final assessment or denied refund in issue. If the appeal involves final assessments or denied refunds involving more than one county and/or municipality, please list all of the counties/municipalities. Attach a separate page if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(8) Check the appropriate box below identifying the type of tax you are appealing:

County/Municipality Sales Tax     County/Municipality Use Tax     County/Municipality Rental Tax

County/Municipality Lodgings Tax     Other (*please specify*) \_\_\_\_\_

(9) Generally state the facts relevant to your appeal, and why you dispute or disagree with the county/municipality's action. Attach additional pages if necessary.

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(10) Please attach or enclose a copy of the county/municipality's final assessment or notice of refund denial from which you are appealing. You may also submit copies of all records, correspondence, etc. that are relevant to your appeal.

\_\_\_\_\_  
Taxpayer(s) Signature(s) Date

\_\_\_\_\_  
Authorized Representative (if applicable complete and attach Power of Attorney form 2848A) Date

Please Complete and Mail To: Alabama Tax Tribunal  
2 North Jackson Street, Suite 301  
Montgomery, AL 36104