Michigan Department of Treasury
6054 (10-23)

Parcel Number

Request to Rescind Disabled Veterans Exemption

Issued under authority of Public Act 206 of 1893, as amended

A person claiming a disabled veterans exemption shall rescind the claim of exemption within 45 days after either the individual ceases to use and own as a homestead the property for which the exemption was granted or the individual no longer meets the qualifications under MCL 211.7b to receive the exemption. This affidavit must be filed with the assessor of the township or city in which the property is located.

PART 1: PROPERTY INFORMATION Type or print legibly. Use a separate form for each property number.

1. Property Tax Identification Number	2. Name of Local Unit (Check Township or City)
3. County	☐ Township ☐ City

4. Street Address of Property (Provide a Complete Address)	City	State	ZIP Code

5. Name of Owner (First, Middle, Last)

6. Owner's Daytime Telephone Number	7. Owner's Email Address

8. Mailing Address if Different than Property Address	City	State	ZIP Code

PART 2: RESCIND INFORMATION

9. I am rescinding the Disabled Veterans Exemption claimed for this property because (check appropriate box(es) below):

☐ a. I am no longer the owner of the property.

☐ b. I own the property, but I no longer use the property as my homestead.

☐ c. I no longer qualify for the disabled veterans exemption as a disabled veteran or as an unmarried surviving spouse of a disabled veteran.

☐ d. Other: _____

10. Effective date of the change identified on line 9 (as MM/DD/YYYY) .....

PART 3: TAXPAYER CERTIFICATION

1. I certify that I am the owner of the property reported on the parcel number above or I am the duly authorized agent (must attach a letter of authority)
2. I certify that the property claimed on the "State Tax Commission Affidavit for Disabled Veterans Exemption" (Form 5107) is no longer eligible for the disabled veterans exemption and request that the exemption be rescinded.

Signature	Date

Printed Name	Title

PART 4: ASSESSOR'S CERTIFICATION - FOR LOCAL GOVERNMENT USE ONLY

I certify, the Request to Rescind, was properly processed and the disabled veterans exemption was removed and/or adjusted accordingly.

Assessor's Signature	Date Certified by Assessor (mm/dd/yyyy)