

ROSSVILLE CONSOLIDATED SCHOOL DISTRICT

**Tax Refund Exchange and Compliance System
(TREC's)**

Appeal Form

Date: _____

Name: _____

Cell Phone: _____ **Alternate Phone:** _____

Address: _____

Please explain the reason for the appeal:

Hearing Date _____ **Hearing Officers** _____

Hearing Determination: **Approved** _____ **Denied** _____

Comments:

If you disagree with the written decision you may file an action with the circuit or superior court.