


Assessment Duties Audit

To be completed by the local unit supervisor, city manager, or highest elected official.

Local Unit LaGrange Township	Assessor of Record William J. Kays
County Cass	Date 4-21-2023
<p>1. Did the Assessor, or assessing office staff, timely deliver the certified assessment roll to the local Board of Review for its required March meetings? See MCL 211.30..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did the Assessor, or assessing office staff, attend Board of Review meetings if requested by the Township or City? See MCL 211.10g(1)(h)(vii)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>3. Did the Assessor attend meetings with the public when requested? See MCL 211.10g(1)(h)(vii) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did the Assessor, or assessing office staff, assist legal counsel in the prosecution or defense of cases arising out of assessment administration activities if requested? See MCL 211.10g(1)(h)(vii) .. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>5. Did the Assessor, or assessing office staff, appear before the Michigan Tax Tribunal (both Entire Tribunal and Small Claims Division) to defend property tax appeals if needed? See MCL 211.10g(1)(h)(vii) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>6. Did the Assessor, or assessing office staff, appear before the Township or City governing body when requested? See MCL 211.10g(1)(h)(vii)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>7. Did the Assessor, or assessing office staff, provide reports to the Township or City governing body when requested? See MCL 211.10g(1)(h)(vii)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
Name Rob Wright	Title Supervisor
Signature 	Date of Signature 4-21-23
<input checked="" type="checkbox"/> By checking this box, I agree and confirm that the signature I have typed above is the electronic representation of my original, handwritten signature when used on this document. I further understand that signing this document using my electronic signature will have the same legally binding effect as signing my signature using pen and paper.	