**WOZ APPEAL FORM**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Zip Code/Location: |  |
| Telephone: |  |
| Email: |  |
| Tax bill number: |  |

I file an appeal to the WOZ tax base of the following address(es):

|  |
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|  |

Reason:

|  |
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|  |  |
| --- | --- |
| Date: |  |
| Place: |  |
| (Digital) Signature: |  |

Shipping can be done in 2 ways:

1. Send to Regionale Belasting Groep, Postbus 923, 3100 AX Schiedam
2. Upload (for example, by taking a picture) via My RBG. Select Upload documents for other matters