

City of Cambridge
Board of Tax Appeals
Hearing No. _____ Year _____ Form 1

Appellant(s):

Representative (if any):

Date of Income Tax Administrator's Decision:

Date of City Treasurer's Decision:

Name of person making a record of this hearing:

If this is a hearing based solely on written material check here ___ and state the number of the pages (____) attached which constitute the written material

Hearing Date:

Hearing Time:

Hearing Place:

Board Members present:

Appellant(s) present:

Appellant's Representative present:

Tax Administrator (or rep) present:

Others present:

Brief statement of the appeal:

DECISION

Appeal Affirmed: _____

Appeal Reversed: _____

Appeal Modified: _____

Opinion of the Income Tax Board of Appeals:

Certification:

The Cambridge City Income Tax Board of Appeals met, reviewed the evidence and the law and rendered the Decision and Opinion set for the above.

_____, Chair Date: _____