

_____ COUNTY BOARD OF EQUALIZATION
WAIVER OF ATTENDANCE OF HEARING OF APPEAL

(type or print legibly in ink)

I the undersigned hereby WAIVE my right to personally appear and be heard on my appeal to the Board of Equalization on the property or properties listed below. I have submitted all the issues and documents I wish the Board to consider in determining my appeal. I understand the Board will not prejudice my appeal for non-attendance and the Board will notify me in writing of its decision without prejudice to any further rights I may have.

Property Parcel Number(s) OR Personal Property Account Number(s)	Property Address (Street Address, City)

(Additional Properties may be listed on the back)

Owner's Signature: _____

Print Owner's Name: _____

Address: _____

Telephone Number: _____

Date: _____