

SALINE COUNTY BOARD OF EQUALIZATION

AGENT AUTHORIZATION FORM

(Type or print legibly in ink)

Authorization is hereby given for _____,
to act on the owner(s) behalf as agent in the appeal of the assessment of the property or properties listed
below, located in Saline County, and owned by the undersigned. The agent is given full authority to
handle all matters relative to the appeal of the assessment for the tax year and to represent the
undersigned, with the assistance of legal counsel, if necessary, before the Board of Equalization.

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Parcel Number or Personal Property Account Number	Property Address (Street Address & City)

Additional Properties may be listed on the back.

Owner(s) Signature: _____

Owner(s) Name: _____ Date: _____