

_____ 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 _____ 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.

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Telephone Number: _____

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: _____

Date: _____