

SALINE 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 my in writing of its decision without prejudice to any further right I may have.

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

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Owner(s) Signature: _____

Owner(s) Name: _____ Date: _____