

### Authorization to Represent Record Fee Owner (Real Property)

Owner's Name	Date Received(office use only)
Address (include street, city, state, ZIP code)	Owner's Telephone Number
Name of representative	Business name
Address (include street, city, state, ZIP code)	Representative's Telephone no.

Parcel number	Property address/Location

Being the record fee owner of the real property referenced by the parcel number(s) above, I do authorize the person named on this document, the authority to file an appeal with the Board of Equalization and represent me in matters concerning the valuation and taxation of said property. I further authorize this representative to appear as a witness at any informal or formal hearing of the Board and testify as to the valuation of said property and as to the accuracy of any factual documentation submitted on my behalf.

Signature	Date signed
x	
<input type="checkbox"/> Owner <input type="checkbox"/> Other _____	