

Property Assessment Appeal Board

Power of Attorney

Instructions

- Use this form to act as a Power of Attorney for a party in a PAAB appeal.
- A power of attorney may be effective only for the proceeding before PAAB and for the period of the assessment being protested.

Section 1 – Taxpayer Information

Taxpayer name or company legal name: _____

Mailing Address (City, State, Zip): _____

Phone Number: _____ Email: _____

Section 2 – Representative(s)

Name: _____ Firm or Company Name: _____

Mailing Address (City, State, Zip): _____

Phone Number: _____ Email: _____

Name: _____ Firm or Company Name: _____

Mailing Address (City, State, Zip): _____

Phone Number: _____ Email: _____

Attach a list for additional representatives.

The representatives are hereby appointed as attorney(s)-in-fact to represent the taxpayer(s) before PAAB for the following matter(s) – include assessment year:

Section 3 – Acts Authorized

The representative(s) are authorized to receive, inspect, and provide confidential information related to the above matter(s) and to perform any and all acts that can be performed with respect to these matters; for example: negotiate the authority to sign any agreements, consents, or other documents, and to represent the taxpayer(s) in any hearing before PAAB. The authority does not

include the power to substitute another representative unless specifically added below. List any specific additions or deletions to the acts otherwise authorized in this power of attorney.

Additions: _____

Deletions: _____

In the case of a partnership, a power of attorney must be executed by all partners, or if executed in the name of the partnership, by the partner or partners duly authorized to act for the partnership, who must certify that the partner(s) has such authority.

Section 4 – Notices and Communications

Original Notices and other written communications will be sent to the first representative listed.

Section 5 – Retention/Revocation of Prior Power(s) of Attorney

Filing this power of attorney revokes all earlier power(s) of attorney on file with PAAB for the same matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here:

You must attach a copy of any power of attorney you want to remain in effect.

Taxpayer Signature: _____ Date: _____

If not signed and dated, this Power of Attorney will not be valid.