

OWNER AUTHORIZATION FORM

This agreement authorizes _____ (Contractor/Agent), of

_____ (Name of consulting firm) to appeal your _____ (year)

property market value on your behalf to the Salt Lake County Board of Equalization.

PARCEL # or #'s: _____

PROPERTY ADDRESS: _____

PROPERTY (check one) SIGNATURE:

- PROPERTY OWNER _____
- TENANT _____
- PROPERTY MANAGER _____
- COO/CFO _____

PRINTED NAME(S): _____

(Please Print)

Date: _____