

County Board of Equalization

Agent Authorization Form

Return this Agent Authorization Form to:
WASHOE COUNTY ASSESSOR
1001 E NINTH ST
PO BOX 11130
RENO NV 89520-0027

I, the property owner or the property owner's representative, hereby authorize the agent whose name and contact information appears below to appear before the County Board of Equalization (County Board) to contest the value and/or exemption established for (Please check one):

- 1) [] All the properties owned by the Property Owner in WASHOE County, Nevada; or
2) [] Authorization is limited to the following properties:

APN or Parcel Identifier Number: _____

The Property Owner's agent is authorized to file petitions during the _____ calendar year; receive all notices and decision letters related thereto; and represent the Property Owner in all related hearings and matters before the County Board of Equalization.

Property Owner Name (Please print or type) Title (Owner, officer, representative)

dba Business Name (If applicable such as Company, LLC, Partnership, Corporation, etc.)

*Property Owner Signature Date

*If the Property Owner is a corporation, limited partnership, or a limited liability company, the agent authorization must be signed by an officer or authorized employee of the business entity.

Authorized Agent Contact Information:

Name of Authorized Agent (Please print or type) Contact Person (If different than Authorized Agent) (Please print)

Mailing Address Mailing Address (If different from Agent Address)

City State Zip Code City State Zip Code

() () () () () ()

Daytime Telephone Number, Fax Number (If available) Daytime Telephone Number, Fax Number (If available)

E-mail address (If available) E-mail address (If available)

I hereby accept appointment as the authorized agent of the Taxpayer in proceedings before the County Board.

Authorized Agent Signature Title Date