Agent Authorization

for Property Assessment Appeals

If an agent is representing the property owner or municipality, the property owner or municipality must provide prior written authorization for the agent to represent the company or municipality when contacting the reviewing authority.

Section 1:	Property Owner and I	Property	/ Information						
Company/prope	rty owner name	Taxation district (Check one)	Town	Village	City	County			
				Enter municipality →					
Mailing address				Street address of property					
City		State	Zip	City			State	Zip	
Parcel number Phone () -			Email	Email Fax					
							() -		
Section 2: Authorized Agent Information									
Name / title	-	Company name							
Mailing address				Phone Fax			_		
City		State Zip		Email	,		()		
Section 3: Agent Authorization									
Agent Authorized for: (check all that apply) Enter Tax Years of Authorization									
Manufacturing property assessment appeals (BOA)									
Wisconsin Department of Revenue 70.85 appeals									
Municipal Board of Review									
Other									
Authorization expires: (unless rescinded in writing prior to expiration)									
(mm - dd - yyyy)									
Send notices and other written communications to: (check one or both)									
Section 4: Agreement/Acceptance									
I understand, agree and accept:									
The assessor's office may divulge any information it may have on file concerning this property									
My agent has the authority and my permission to accept a subpoena concerning this property on my behalf									
I will provide all information I have that will assist in the discussion and resolution of any assessment appeal of this property									
Signing this document does not relieve me of personal responsibility for timely reporting changes to my property and paying taxes, or									
penalties for failure to do so, as provided under Wisconsin tax law									
A photocopy and/or faxed copy of this completed form has the same authority as a signed original									
• If signed by a corporate officer, partner, or fiduciary on behalf of the owner, I certify that I have the power to execute this Agent									
Authorization form									
Section 5: Owner Grants Authorization									
	Owner name (please print)								
	Owner signature								
Owner Sign Here	5er signature								
Sign Here	Company or title	Date (mm-dd-yyyy)							

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