Duchesne County Board of Equalization
Authorization to Represent Record Fee Owner
(Real Property)

Owners Name	Date Received (Office Use Only)
Owners Address (Include Street, City, State, ZIP Code)	Owners Telephone Number
Name of Representative	Business Name (If Applicable)
Representatives Address (Include Street, City, State, ZIP Code)	Representatives Telephone No.

Parcels to be appealed by Representative:

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 of Property Owner(s) **X**	Date Signed

STATE OF UTAH)
ss.
County of _____)

S
E
A
L

On the _____ day of _____, 2020

Personally appeared before me _____, the signer(s) of the within instrument, who duly acknowledged to me that they executed the same.

_____
Notary Public.

My commission expires _____

Residing in _____