



County of Allegheny



BOARD OF PROPERTY ASSESSMENT, APPEALS & REVIEW

Appeals Appointment of Authorized Representative

Parcel ID: _____ Tax Year: _____

Property Address: _____
(Street)

(City) (State) (Zip Code)

Appellant Name: _____
(Last) (First) (MI)

Appellant Mailing Address: _____
(Street)

(City) (State) (Zip Code)

Phone #: _____

I hereby appoint the following individual or company as my authorized representative to act on my behalf as the following:

_____ To file an assessment appeal regarding the above-noted property

_____ To attend the assessment appeal hearing of the Board of Property Assessment, Appeals & Review

Authorized Representative Name & Firm / Company: _____

Authorized Representative Address: _____
(Street)

(City) (State) (Zip Code)

I may revoke this appointment by forwarding a letter of my intent to the Board of Property Assessment, Appeals & Review at any time prior to hearing.

Signature of Appellant

Date

PROPERTY ASSESSMENT USE ONLY:

Received: _____

Data Entry: _____

QA/QC: _____

INITIALS AND DATE MUST BE FILLED IN ALL LOCATIONS

RETURN ORIGINAL TO:

OFFICE OF PROPERTY ASSESSMENTS

542 FORBES AVENUE, ROOM 334

PITTSBURGH, PA 15219

ATTN: APPEALS DEPT