

FOR TAX YEAR _____

AGENCY AUTHORIZATION FORM

Pursuant to A.R.S. § 42-16001

REAL ESTATE APPRAISAL DIVISION NUMBER _____

STATE BOARD OF EQUALIZATION NUMBER _____

- Persons who own, control, or possess property valued by the County Assessor may each year designate an agent to act on their behalf on any matter relating to the review of the valuation of the property before the Assessor or the County or State Board of Equalization.
- This designation of an agent expires at the end of the calendar year.
- This form or a copy must accompany any petition, Taxpayer Notice of Claim, or response to a Notice of Proposed Correction filed with the Assessor or either Board of Equalization. The original form shall be provided for inspection by the agent on request of the County Assessor, either Board of Equalization, or the Department of Revenue.
- Notices issued by the Assessor or either Board of Equalization relating to the review of the valuation of that property shall be sent to the agent of record.
- A petition for Review of Real Property or Personal Property, a Notice of Proposed Correction, or a Taxpayer Notice of Claim will not be accepted unless the Agency Authorization form accompanying the petition is signed by the person who owns, controls, or possesses the property.

DESIGNATION OF AGENT: (Type or Print)

AGENT/FIRM NAME _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

DESIGNATION MADE BY: (Type or Print)

COMPANY NAME _____

NAME OF PERSON OWNING, CONTROLLING OR POSSESSING PROPERTY OR CONTACT PERSON _____

TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

I, the undersigned, hereby designate the above named agent to act on my behalf in all matters pertaining to the review and appeal of real or personal property valuation and classification with the Assessor or the Boards of Equalization. This authorization is limited to the properties listed below and on the attached continuation form(s).

SIGNATURE OF PERSON CONTROLLING OR POSSESSING PROPERTY _____

DATE _____

PRINT NAME (IF DIFFERENT THAN DESIGNATED ABOVE) _____

PRINT TITLE _____

<u>COUNTY</u>	<u>PARCEL NUMBER</u>	<u>ACCOUNT NUMBER</u>	<u>COUNTY</u>	<u>PARCEL NUMBER</u>	<u>PERSONAL PROPERTY ACCOUNT NUMBER</u>

County Name and Number: (1) Apache (2) Cochise (3) Coconino (4) Gila (5) Graham (6) Greenlee (7) Maricopa (8) Mohave (9) Navajo (10) Pima (11) Pinal (12) Santa Cruz (13) Yavapai (14) Yuma (15) La Paz

NOTE: USE CONTINUATION FORM DOR 82130AAA TO LIST ADDITIONAL PARCELS
DOR 82130AA (Revised 03/2018)