FLORIDA
DEPARTMENT OF REVENUE

DR-486A
N. 01/17
Rule 12D-16.002
F.A.C.
Eff. 01/17

WRITTEN AUTHORIZATION FOR REPRESENTATION BEFORE THE VALUE ADJUSTMENT BOARD

Section 194.034(1)(c), Florida Statutes

You may use this form to authorize an uncompensated representative to represent you in value adjustment board proceedings. This form or other written authorization accompanies the petition at the time of filing.

COMPLETED BY PETITIONER

I, _____ (name), authorize _____ (name) to, without compensation, act on my behalf and present testimony and other evidence before the WASHINGTON County Value Adjustment Board.

This written authorization is effective immediately and is valid only for one assessment year.

This written authorization is limited to the 20__ assessment year concerning the parcel(s) or account(s) below.

☐ I authorize the person I appointed above to have access to confidential information related to the following parcel(s) or account(s).

Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	

_____ Signature of taxpayer/owner

_____ Print name

_____ Date

_____ Taxpayer's/owner's phone number

Note: Correspondence will be sent to the mailing or email address on the petition.