

## **Platte County Board of Equalization**

## **Authorization Form for the** Tax Year 2024

An electronic form has been filed with the Platte County Board of Equalization to appeal the below referenced parcels. I am the authorized authority - Please Check One:

	Owner	
	Agent Acting on Behalf of Owner	
If Owner is marked above, please put your name as the authority to make decisions.		your name as the authority to make decisions.
This	s form must be filled out, signed by owner and	returned to our office prior to any processing of appeals.
	Return to: BOEinfo@co.platte.mo.us or mail	to: 415 Third Street Rm 116, Platte City, MO 64079
The au	thority to make decision is hereby g	given to
proper agent assessr	ties listed below, located in the Pla is given full authority to handl	the appeal of the assessment of the property or tte County and owned by the undersigned. The e all matters relative to the appeal of the resent the undersigned with the assistance of ard of Equalization.
Print (	Owner's Name:	
Addres	ss:	
Agent 1	Name:	
Contac	t Phone #:	
Owner	's Signature:	
Date:		
Property Parcel Number(s)		Property Address (Street Address, City)