

**AGENT AUTHORIZATION FORM**  
**Jackson County Board of Equalization (BOE)**  
**415 E. 12<sup>th</sup> St. - Room 102**  
**Kansas City, MO 64106**

**This entry of appearance form may be duplicated if additional copies are needed. It must accompany your appeal application at the time of filing, and may be used for all of the following property types:**

- **Real Estate Property**
- **Business Personal Property**
- **Individual Personal Property**

**\*NOTE: A SEPARATE FORM MUST BE COMPLETED TO REPRESENT EACH APPEALED YEAR**

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

\_\_\_\_\_  
Owner's Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (if a corporation/business attach state registered agent document)  
(Manager, President, CEO, CFO etc.)

This is to authorize \_\_\_\_\_, to act on my/our behalf as  
(agent or company name etc.)

agent in the appeal process and to handle all matters relative to the assessment of my/our  
property/parcel located in Jackson County for the \_\_\_\_\_ tax year.  
(Complete one form per year)

Agent or Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date