

Appeal Hearing Attendance Waiver

BEFORE THE BOARD OF EQUALIZATION

JACKSON COUNTY, MISSOURI

Real Estate Parcel Number: - - - - -

Business Personal Property Parcel Number: _____

Individual Personal Property Parcel Number: _____

Situs or Location address: _____
City State Zip

I, the undersigned, wish to **WAIVE** my rights to personally appear and be heard on my appeal to the Board of Equalization. I have submitted all the issues and supporting documentation I wish the Board to consider in determining the market value for my appeal for the tax year 2020. I understand that the Board will not prejudice my appeal for non-attendance and the Board will notify me of its decision without prejudice to any further rights I may have.

Appellant and/or Representative

Date