AGENT AUTHORIZATION FORM
Jackson County Board of Equalization (BOE)
1300 Washington Street, Room 180
Kansas City, MO 64105
(816) 881-3309

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

Real Estate Property, Business Personal Property, and Individual Personal Property

Property Address: _____

Parcel Number: _____

Owner's Name: _____

Owner's Address: _____

Owner's Email: _____

_____ _____
Owner/Authorized Signature Date

_____ (Manager, President, CEO, etc.)
Title (If Corporation)

This is to authorize_____, to act on my/our behalf as
(agent or company name)

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 **2026** tax year.

Agent/Company Name: _____

Mailing Address: _____

Daytime Phone Number: _____

Email: _____

_____ _____
Agent's Signature Date