



BOARD OF EQUALIZATION
ADMINISTRATION BUILDING
1 COURTHOUSE SQUARE, LIBERTY, MO 64068
Phone: 816-407-3573

AGENT AUTHORIZATION RELEASE

(PLEASE PRINT)

Form **MUST** be completed in full and contain ORIGINAL Signature of owner for authorization.
Original form must be submitted to the County Clerk's office before 5pm on Monday, June 17th, 2019

OWNER INFORMATION

(PLEASE PRINT)

PROPERTY ADDRESS: _____

CITY _____ **ST** _____ **ZIP** _____

PARCEL NUMBER: _____

BUSINESS NAME: (If Business) _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY _____ **ST** _____ **ZIP** _____

AGENT AUTHORIZED INFORMATION

(PLEASE PRINT)

THIS IS TO AUTHORIZE _____

(Name of Agent Authorized)

of _____

(Authorized Agent's Business Name)

ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

***TO ACT AS OUR AGENT FOR PURPOSES OF INSPECTING THE PROPERTY RECORD
DOCUMENTS FOR THE ABOVE PROPERTY AND REPRESENT US IN THE APPEAL PROCESS.***

OWNER SIGNATURE

AUTHORIZED AGENT SIGNATURE

TITLE

TITLE

DATE

DATE