



**WRITTEN AUTHORIZATION FOR REPRESENTATION
BEFORE THE VALUE ADJUSTMENT BOARD**

Section 194.034(1)(c), Florida Statutes

DR-486A
N. 01/17
Rule 12D-16.002
F.A.C.
Eff. 01/17

You may use this form to authorize an uncompensated representative to represent you in value adjustment board proceedings. This form or other written authorization accompanies the petition at the time of filing.

COMPLETED BY PETITIONER

I, _____ (name), authorize _____ (name) to, without compensation, act on my behalf and present testimony and other evidence before the WASHINGTON ☒ County Value Adjustment Board.

This written authorization is effective immediately and is valid only for one assessment year.

This written authorization is limited to the 20__ assessment year concerning the parcel(s) or account(s) below.

☐ I authorize the person I appointed above to have access to confidential information related to the following parcel(s) or account(s).

Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	

Signature of taxpayer/owner

Print name

Date

Taxpayer's/owner's phone number

Note: Correspondence will be sent to the mailing or email address on the petition.