Appeals Coordinator

A Division of Administrative Services Department

East Wing Courthouse • 2025 14th Street, 1st Floor • Boulder, Colorado 80302 • Tel: 303.441.4590 • Fax: 303.441.4526

Mailing Address: P.O. Box 471 • Boulder, Colorado 80306 • **www.bouldercounty.org**

BOULDER COUNTY BOARD OF EQUALIZATION or ABATEMENT LETTER OF AGENCY

Date:_____

Name of Property Owner (print):_____

Address of Property Owner:_____

_____

Telephone Number of Property Owner:_____

Email Address of Property Owner:_____

Name of agent authorized to pursue

property tax valuations for Owner:_____

Address of Agent:_____

_____

Telephone Number of Agent_____

Email Address of Agent:_____

Property Owner hereby gives authority to person or entity listed above to pursue property tax appeals in Boulder County. If Property Owner is an entity, the person whose signature appears below hereby verifies that he/she has the authority to act on behalf of the entity.

This agency is for Account No._____ for the specific tax year(s):_____

Account Name_____

_____

Signature of Property Owner

If Property Owner an Entity:

Signatory's Name: (print)_____

Signatory's Position: _____

(Management companies must attach signed authorization to act in behalf of the owner.)

Address of Signatory:_____

_____

Telephone Number of Signatory:_____

Email Address of Signatory:_____