BARTOW COUNTY BOARD OF EQUALIZATION
REPRESENTATIVE AUTHORIZATION FORM

As the property owner, you have the right to representation by an agent, attorney, appraiser or any other person at your appeal hearing. If someone is going to represent you, you must **SUBMIT IN WRITING** the name of the person to the Board of Equalization at least seven days prior to the hearing. No one (other than your immediate family members and/or spouse) will be allowed to present information on your behalf or to speak otherwise during the hearing.

MAIL this form to: BARTOW COUNTY BOE
135 WEST CHEROKEE AVE.
SUITE 233-B
CARTERSVILLE, GA 30120

FAX this form to: ATTN: BARTOW COUNTY BOE
770.387.5611

EMAIL this form to: bartowboe@gmail.com

_____ _____
Name of Appellant Phone Number

_____
Mailing Address City State Zip Code

_____ _____
Name of Representative Representative Phone Number

_____ _____
Company of Representative Representative Email

_____
Representative Mailing Address City State Zip Code

_____
BOE Case Number / Parcel or Map ID Number / Account Number

_____ _____
BOE Hearing Date BOE Hearing Time

☐ I am authorizing the above named person to represent me regarding the scheduled Board of Equalization Appeal Hearing.

_____
Signature of Appellant / Property Owner