



# BOARD OF EQUALIZATION

ADMINISTRATION BUILDING

1 COURTHOUSE SQUARE

LIBERTY, MO 64068

Phone: 816-407-3570

## 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 the 2nd Monday in July.

PROPERTY ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

THIS IS TO AUTHORIZE \_\_\_\_\_  
(Name)

of \_\_\_\_\_  
(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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE