

Power of Attorney for Property Tax Management

Date: _____

1. Principal Information

Name: _____

Address: _____

City/State/ZIP: _____

Contact Number: _____

2. Agent (Attorney-in-Fact) Information

Name: _____

Address: _____

City/State/ZIP: _____

Contact Number: _____

3. Authority Granted

I, the undersigned Principal, hereby appoint the above-named Agent to act on my behalf in all matters relating to the management, filing, payment, and appeal of property taxes for the property/properties identified below.

4. Property Details

Property Address(es):

Parcel/Account Number(s): _____

5. Duration

This Power of Attorney shall remain effective until revoked in writing by the Principal or upon expiration on _____ (if applicable).

6. Signatures

Principal Signature Date

Agent Signature Date

Notary (if required):

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public, personally appeared _____ (Principal), known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Notary Public: _____

My commission expires: _____