

POWER OF ATTORNEY

Know all men by these presents that _____ (Taxpayer) in the County of _____, State of _____, City of _____

do hereby make, constitute, appoint, and authorize the representative(s) listed below as my true and lawful attorney in fact to appear for me and represent me before the board of county commissioners or the county board of equalization and review in the County of _____, in connection with any matter involving the ad valorem taxation of the property described below; I grant unto said attorney in fact the full power and authority to appeal the property tax value assigned by the County to the described property, and the power to make full and complete settlement or other disposition of the matter; I hereby authorize the said County to disclose to my attorney in fact all information used by the County in connection with the listing, appraisal, or assessment of the said property, including specifically information of a confidential nature.

I understand that in the event of an adverse decision by either County Board, that if this matter is appealed to the North Carolina Property Tax Commission, the property tax value may be lowered, left unchanged, or increased as a result of the appeal. I also understand that representation of business entities before the Property Tax Commission is subject to the provisions of G.S. 105-290(d2).

The specific property which my attorney in fact is authorized to appeal is described as follows:

NOTE: PLEASE USE THE PROPERTY TAX PARCEL IDENTIFICATION NUMBER(S) FOR REAL PROPERTY; PERSONAL PROPERTY SHOULD BE DESCRIBED AS CLEARLY AS POSSIBLE. ATTACH ADDITIONAL INFORMATION SHEETS IF NECESSARY.

Taxpayer(s) must sign and date this Power of Attorney before a Notary Public.

Taxpayer's name and address:

Fax Number:

Email:

Witness my hand this the _____ day of _____, 20____

TAXPAYER

STATE OF _____
COUNTY OF _____

The foregoing instrument was duly acknowledged before me by _____ for the uses and purposes therein expressed.

Witness my hand and seal this the _____ day of _____, 20____. _____ (seal)

My commission expires:

Notary Public

Representative(s) name and address:

Fax Number:

Email: