

POWER OF ATTORNEY

PROPERTY ASSESSMENT APPEAL BOARD

**PO Box 10486
Des Moines, Iowa 50306**

NOTE: A power of attorney may be effective only for the proceeding before the Property Assessment Appeal Board and for the period of the current assessment being protested. Failure to complete all requested information will result in this form not being valid and will delay the effective date of the Power of Attorney.

TAXPAYER INFORMATION. Taxpayer(s) must sign and date this form.	
Last name or company legal name	First name/middle initial
Current mailing address (number and street, apartment, lot or suite number)	
City, State, Zip	
Daytime Telephone Number	Evening Telephone Number

REPRESENTATIVE(S).	
Name	Firm or Company's Legal Name
Current mailing address (number and street, apartment, lot or suite number)	
City, State, Zip	
Daytime Telephone Number	Email
Fax Number	

Name	Firm or Company's Legal Name
Current mailing address (number and street, apartment, lot or suite number)	
City, State, Zip	
Daytime Telephone Number	Email
Fax Number	

Attach a list for additional representatives.

The above representatives are hereby appointed as attorney(s)-in-fact to represent the taxpayer(s) before the Property Assessment Appeal Board for the following matter(s).

MATTER(S).	Assessment Year

ACTS AUTHORIZED.

The representatives are authorized to receive, inspect, and provide confidential information related to the above matter(s) and to perform any and all acts that can be performed with respect to these matters; for example, negotiate the authority to sign any agreements, consents, or other documents, and to represent the taxpayer(s) in any hearing before the Appeal Board. The authority does not include the power to substitute another representative, unless specifically added below. List any specific additions or deletions to the acts otherwise authorized in this power of attorney.

Additions: _____

Deletions: _____

NOTE: In the case of a partnership, a power of attorney must be executed by all partners, or if executed in the name of the partnership, by the partner or partners duly authorized to act for the partnership, who must certify that the partner(s) has such authority.

NOTICES AND COMMUNICATIONS.

Original notices and other written communications will be sent to the first representative listed.

RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY.

The filing of this power of attorney revokes all earlier power(s) of attorney on file with the Property Assessment Appeal Board for the same matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here:

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

SIGNATURE OF TAXPAYER.

Print Name Title

Signature Date

**IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL NOT BE VALID,
AND THE FORM WILL BE RETURNED TO YOU.**

This form must be mailed in or delivered in-person to the Secretary of the Property Assessment Appeal Board and to all other parties.