



**WRITTEN AUTHORIZATION FOR REPRESENTATION  
BEFORE THE VALUE ADJUSTMENT BOARD**

Section 194.034(1)(c), Florida Statutes

DR-486A  
N. 01/17  
Rule 12D-16.002  
F.A.C.  
Eff. 01/17

You may use this form to authorize an uncompensated representative to represent you in value adjustment board proceedings. This form or other written authorization accompanies the petition at the time of filing.

**COMPLETED BY PETITIONER**

I, \_\_\_\_\_ (name), authorize \_\_\_\_\_ (name) to, without compensation, act on my behalf and present testimony and other evidence before the \_\_\_\_\_ County Value Adjustment Board.

This written authorization is effective immediately and is valid only for one assessment year.

This written authorization is limited to the 20\_\_\_\_ assessment year concerning the parcel(s) or account(s) below.

I authorize the person I appointed above to have access to confidential information related to the following parcel(s) or account(s).

Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	
Parcel ID/Account #		Parcel ID/Account #	

\_\_\_\_\_  
Signature of taxpayer/owner

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer's/owner's phone number

Note: Correspondence will be sent to the mailing or email address on the petition.