

# Verification of Authority to represent Owner(s) of Real Property Before the Board of Review of Will County, Illinois

The undersigned person hereby grants authority to

\_\_\_\_\_ to represent them in the

Attorney

ARDC#

assessment hearing(s) before the Board of Review for the 20\_\_ tax year.

\_\_\_\_\_

\_\_\_\_\_

Owner's Signature(s)

\_\_\_\_\_

Owner's Phone Number

\_\_\_\_\_

Date

**Permanent Index Number(s)**

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