

City of Milwaukee Agent Authorization

for Municipal Property Assessment Appeals

If an agent is representing a property owner for the purpose of property assessment appeal, the property owner must provide prior written authorization for the agent to represent the property owner when in contact with the City of Milwaukee Assessor's Office. If a property is owned by a business or corporate entity, a valid agent authorization form must be on file with the City of Milwaukee Assessor's Office at the time of appeal in order for the appeal to be processed.

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| A: Signer's Identification | | | |
| Signer's Name <i>(must match signature name in Section E)</i> | | I am: (check one) <input type="checkbox"/> the owner <input type="checkbox"/> a corporate officer, partner, or fiduciary on behalf of the owner of the property identified in section B. | |
| Title <i>(if a corporate officer, partner, or fiduciary on behalf of the owner)</i> | | | |
| B: Property Information | | | |
| Taxation district: City of Milwaukee | County | Taxkey/Parcel Number | |
| Property Owner Name | | | |
| Street Address of Property | | | |
| C: I grant authority to act on behalf of the property's owner regarding assessment appeals to the following agent: | | | |
| Agent Name | | Company Name (if applicable) | |
| Mailing Address | | | Phone |
| City | State | Zip | Email |
| D: Agent Authorization | | | |
| With this authorization, my agent is granted permission to act on my behalf for property assessment appeals for the following assessment year (one assessment year only): Assessment Year: _____ <i>(required)</i> | | Authorization Expires (check one) <input type="checkbox"/> Date: _____ (unless rescinded in writing prior to expiration) <input type="checkbox"/> Does not expire unless rescinded in writing. | Send notices and other written communication to: (check one or both) <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Property Owner |
| E: I understand, agree and accept: | | | |
| <ul style="list-style-type: none"> The City of Milwaukee Assessor's Office may divulge any information it may have on file concerning this property to this authorized agent. This agent has the authority and my permission to accept a subpoena concerning this property on my behalf. I will provide all information I have that will assist in the discussion and resolution of any assessment appeal of this property. Signing this document does not relieve me of personal responsibility for timely reporting of changes to my property and paying taxes, or penalties for failure to do so, as provided under Wisconsin tax law. This agreement is in effect only for appeals in the assessment year listed in section D. A photocopy of this completed form has the same authority as a signed original. Substantial inaccuracy of the information provided is grounds for the City of Milwaukee Assessor's Office to reject an associated appeal. If signed by a corporate officer, partner, or fiduciary on behalf of the owner, I certify that I have the power to execute this agent authorization form. | | | |
| Sign Here ► | Printed Name <i>(must match name identified in section A)</i> | | Signature |
| Date <i>(mm-dd-yyyy)</i> | Phone | Email | |

This material is available in alternative formats for individuals with disabilities upon request. Please contact 414-286-3475, ADACoordinator@milwaukee.gov or TTY: 711.