## **POWER OF ATTORNEY**

Know all men by these presents that I,	, in the County of
, State of	, City of, do
hereby make, constitute and appoint,	, 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 $\underline{a}\underline{d}$
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 th	e described property, and the power to make full
and complete settlement or other disposition of the matter; I h	ereby authorize the said County to disclose to my
attorney in fact all information used by the County in connecti	on 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 my attorney in fact, unless he/she is an attorney at law, authorized to practice law in the State of North Carolina will <u>not</u> be allowed to prepare or file any documents with the North Carolina Property Tax Commission or represent me at any hearing to be held before the Commission, for such representation would constitute the unauthorized practice of law.

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

## **<u>NOTE:</u>** 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.

I am the record owner of the property described above: YES NO (circle one). If No, please identify the record owner and state the relationship between the record owner and the person executing the power of attorney.

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\_\_\_\_.

My commission expires :\_\_\_\_\_

Notary Public