



Chatham County Board of Equalization Representation/Authorization Form



Please print required information and make sure Property Identification Number(s) are accurate

Appellant Name(s): _____

Name of Business (if applicable): _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Alt Phone: _____

Email: _____

Property Identification Number(S): _____

_____ Name of Representative:

Representative Company/Firm: _____

City/State/Zip: _____

Representative Phone: _____ Alt Phone: _____

Signature of Appellant

Signature of Representative

Representative's Email

Please Do Not Enter Any Information below this Line *Office Use Only*

BOA Appraiser: _____ Board Secretary: _____

Hearing date: ____ / ____ / ____ Time: _____ Board Room: _____

Copies for:

Appraiser: _____

Date Received at Board of Equalization

Board Room: _____

Coordinator: _____

Please fax to (912) 447-4955 or mail to Board of Equalization * P. O. Box 14620 * Savannah, GA 31416
Email: boecomments@chathamcounty.org