

## BONNER COUNTY BOARD OF EQUALIZATION

## Affidavit of Property Owner

Only to be used if you choose to have someone appear on your behalf at the hearing.

ST	ATE OF			)				
CC	OUNTY OF			)				
Th	e undersigned,	being first du	ly sworn upon	oath, testifi	es as follo	ows:		
1.	I am over the age of 18 years, I make this affidavit voluntarily, and I am competent to testify concerning the matters stated herein based upon my personal knowledge.							
2.	is the property owner of							
	(Individual or business entity name) (Parcel Number)							
3.		gning on the l	oehalf of a busi	iness entity,	please sta	ate the capac	the above-name ity in which yo g member, mar	u are
4.	I hereby authorize the person(s) indicated below to serve as my representative at the Bonner County Board of Equalization hearing concerning this property. (If naming a representative to appear on your behalf.)							
	Dated this	(Day)	lay of	(Month)		(Year)		
	Signature:							
	Printed Name:							
	SUBSCRIBED AND SWORN before me, a Notary Public for the State of, this day of, (Month) (Year)							
					Notary Public for the State of			
					Residing at:			
					Commissioner Expires:			