

Agent Authorization

for Property Assessment Appeals

If an agent is representing the property owner or municipality, the property owner or municipality must provide prior written authorization for the agent to represent the company or municipality when contacting the reviewing authority.

Section 1: Property Owner and Property Information

Company/property owner name Dental Associates		Taxation district <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County (Check one)	
Mailing address 205 East Wisconsin Avenue		Enter municipality → _____	
City Milwaukee		Street address of property See attached.	
State WI		City _____ State _____ Zip _____	
Zip 53202		Email _____ Fax _____	
Parcel number See attached.		Phone () -	

Section 2: Authorized Agent Information

Name / title Don Millis, Sara Rapkin, Shawn Lovell and Karla Nettleton		Company name Reinhart Boerner Van Deuren s.c.	
Mailing address 22 E. Mifflin Street, Suite 700		Phone (608) 229 - 2200	
City Madison		Fax (608) 229 - 2100	
State WI		Email _____	
Zip 53703			

Section 3: Agent Authorization

<p>Agent Authorized for: (check all that apply)</p> <p><input type="checkbox"/> Manufacturing property assessment appeals (BOA)</p> <p><input type="checkbox"/> Access to manufacturing assessment system (MAS)</p> <p><input type="checkbox"/> Wisconsin Department of Revenue 70.85 appeals</p> <p><input checked="" type="checkbox"/> Municipal Board of Review</p> <p><input type="checkbox"/> Other</p>	<p>Enter Tax Years of Authorization</p> <p>_____</p> <p>_____</p> <p>2021 until revoked in writing.</p> <p>_____</p> <p>_____</p> <p>Authorization expires: _____ (unless rescinded in writing prior to expiration)</p> <p style="text-align: center; font-size: small;">(mm - dd - yyyy)</p>
<p>Send notices and other written communications to: (check one or both) <input checked="" type="checkbox"/> Authorized Agent <input checked="" type="checkbox"/> Property Owner</p>	

Section 4: Agreement/Acceptance

I understand, agree and accept:

- The assessor's office may divulge to the agent any information it may have on file concerning this property
- My agent has the authority and my permission to accept a subpoena concerning this property on my behalf, but this grant of authority and permission does not cure or waive any defect in the subpoena or the manner in which it was served
- Signing this document does not relieve me of personal responsibility for timely reporting changed to my property and paying taxes, -- or penalties for failure to do so, as provided under Wisconsin tax law.
- A photocopy and/or faxes copy of this completed form has the same authority as a signed original.
- 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.

Section 5: Owner Grants Authorization

<p>Owner name (please print) _____</p> <p>Owner signature </p> <p>Company or title _____</p>	<p>Date (mm-dd-yyyy) 05 - 14 - 2021</p>
--------------------------------------------------------------------------------------------------	----------------------------------------------------

ATTACHMENT TO DENTAL ASSOCIATES
AGENT AUTHORIZATION FORM

<u>Municipality</u>	<u>Address</u>	<u>Parcel</u>
Appleton	2115 E. Evergreen Drive	311651039
Fond du Lac	545 E. Johnson Street	FDL-15-17-11-14-866-00
Franklin	6855 S. 27th Street	738-9975-008 102330800
Grand Chute	4660 W. College Avenue	11-1
Green Bay	430 Main Street	110357000
Greenville	N1737 Lily of the Valley Drive	VH-2049
Howard	2340 Duck Creek Parkway	03-122-03-301-051
Kenosha	7117 Green Bay Road	392-0681-100
Milwaukee	205 E. Wisconsin Avenue	181 032216428240 1007033
Sturtevant	10155 W. Washington Avenue	298-9987-006
Waukesha	1211 Dolphin Court	457-1006-003
Wauwatosa	11711 W. Burleigh	
West Milwaukee	2100 Miller Park Way	