**POWER OF ATTORNEY FOR REPRESENTATION**

DR-486POA

R. 12/20

Rule 12D-16.002

F.A.C.

Eff. 12/20

**BEFORE THE VALUE ADJUSTMENT BOARD**

Section 194.034(1)(b), Florida Statutes

You may use this form to grant power of attorney for representation in value adjustment board proceedings.

This form or other power of attorney accompanies the petition at the time of filing.

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| **COMPLETED BY PETITIONER** |
| I,        (name), appoint        (name) as my attorney-in-fact to present evidence and testimony and act on my behalf in any lawful way before the        County Value Adjustment Board.This power of attorney is effective immediately and is valid only for one assessment year.This power of attorney is limited to the 20   assessment year concerning the parcel(s) or account(s) below. |
|  [ ]  I authorize the person I appointed above to have access to confidential information related to the following parcel(s) or account(s). |
| Parcel ID/Account # |       | Parcel ID/Account # |       |
| Parcel ID/Account # |       | Parcel ID/Account # |       |
| Parcel ID/Account # |       | Parcel ID/Account # |       |
| Parcel ID/Account # |       | Parcel ID/Account # |       |
| This power of attorney is further limited as follows:      |
|  |  |       |  |       |
| Signature of taxpayer/owner |  | Print name |  | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness signature |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness signature |  |  |

State of Florida

County of

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization on this        day of        (year), by        (name),

who signed in the presence of the witnesses.

|  |  |  |
| --- | --- | --- |
| Personally known\_\_\_\_\_\_\_\_\_\_ OR Produced identification \_\_\_\_\_\_\_\_\_\_\_\_\_Type of identification produced        |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Notary Public |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print, Type, or Stamp Commissioned Name of Notary Public |
|  |