

**AUTHORIZATION OF AGENT  
CLARK COUNTY BOARD OF EQUALIZATION**

**Owner of Record:** \_\_\_\_\_

Account Number: \_\_\_\_\_

Assessment Year: \_\_\_\_\_ For Taxes Payable in Year: \_\_\_\_\_

**Authorized Agent**

Agent Contact Person Name: \_\_\_\_\_

Company of Agent: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Taxpayer Certification**

I am the taxpayer for the above captioned property. I hereby designate the person whose name appears above as my authorized agent to act on my behalf on all property tax matters for the tax year specified above.

\_\_\_\_\_  
Printed Taxpayer Name or Company Name (if Entity)

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory and Title (if applicable)

IMPORTANT NOTE: If the above signatory is not the owner of record, adequate documentation must be provided to demonstrate that the owner of record has delegated their authority to the above signatory. Adequate documentation will depend on the signatory's relationship to the owner and may include, but is not limited to: a copy of the current lease if the signatory is a tenant, a copy of the current property management contract if the signatory is a property manager, a letter signed by the owner confirming the above signatory has authority to act on tax matters. If your signatory appears to be a third-party and no adequate documentation is provided, this authorization will be deemed invalid.

**Agent Certification**

I am the authorized agent with full authority to act on the taxpayer's behalf regarding all property tax matters for the tax year specified above.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Date