

**COUNTY OF PERRY, MISSOURI**

**BOARD OF EQUALIZATION**

**WAIVER OF ATTENDANCE OF HEARING OF APPEAL**

*(type or print legibly in ink)*

I the undersigned, hereby **WAIVE** my right to personally appear and be heard on my appeal to the Board of Equalization on the property or properties listed below. I have submitted all the issues and documents I wish the Board to consider in determining my appeal. I understand the Board will not prejudice my appeal for non-attendance and the Board will notify me in writing of its decision without prejudice to any further rights I may have.

Property Parcel Number(s) <b>OR</b> Personal Property Account Number(s)	Property Address (Street Address, City)

*(Additional Properties may be listed on the back)*

Owner's Signature: \_\_\_\_\_

Print Owner's Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_