



# Armstrong County

## BOARD OF ASSESSMENT APPEALS

### Affidavit to Appoint a Personal Representative

Parcel ID: \_\_\_\_\_ Control #: \_\_\_\_\_

Property Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Appellant Name: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

I hereby appoint the following individual as my authorized representative to act on my behalf before the Armstrong County Board of Appeals:

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

I understand that this affidavit must be presented to the Board of Assessment Appeals at least 5 days prior to my appeal hearing. I may revoke this appointment by forwarding a letter of my intent to the Armstrong County Board of Assessment Appeals at any time prior to my scheduled hearing.

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date