



# PROPERTY ASSESSMENT APPEAL BOARD

## FORM 10

### AGENT AUTHORIZATION

**Submit completed form to:**

Property Assessment Appeal Board

1270 – 605 Robson

Vancouver BC V6B 5J3

Fax: 604-775-1742 Toll-free fax: 1-888-775-1742

[office@paab.bc.ca](mailto:office@paab.bc.ca)

**SECTION 1 – Appellant Information**

Tax Year:

Contact (First, Last Name):	Phone:	
Business name (if applicable):	Fax:	
Mailing Address:	E-Mail:	
City:	Province:	Postal Code:

**SECTION 2 – Property Information**

Roll number:		
Civic Address:		
City:	Province:	Postal Code:

**SECTION 3 – Agent Information**

Contact (First, Last Name):	Phone:	
Agency (if applicable):	Fax:	
Mailing Address:	E-Mail:	
City:	Province:	Postal Code:

**SECTION 4 – Acknowledgement and Certification**

By signing below, I acknowledge and certify that:

1. I am the appellant identified in section 1, or a legally authorized officer of the appellant.
2. I provide authority to the agent, as identified in section 3, to represent the appellant, identified in section 1, to:
  - a) file a notice of appeal on behalf of the appellant for the property as identified in section 2,
  - b) prepare and submit statements of issues, evidence and analysis,
  - c) represent the appellant at appeal management/settlement conferences and hearings before the Property Assessment Appeal Board (the Board),
  - d) produce and receive relevant documents during the course of the appeal;
  - e) comply with any order of the Board;
  - f) reach an agreement with the assessor, and
  - g) to withdraw the appeal at any time.
3. I understand that the appellant is liable for any costs awarded against the agent by the Board, or for any change in assessment that may result from a Decision of the Board.
4. I understand that this authorization is only applicable to the tax year entered on this form.
5. I may revoke authorization at any time in writing to the Registrar of the Board.

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

\_\_\_\_\_  
Date