NON-ATTORNEY REPRESENTATIVE AUTHORIZATION

Use Only for Business Entity Representation to the Durham County Board of Equalization and Review

This authorization is controlled by NCGS 105-290(d2) and is limited to filing appeals to and representing before the Durham County Board of Equalization and Review. A Power of Attorney form is available from Durham County Tax Administration to authorize other limited interactions with Durham County Tax Administration regarding property tax matters.

l,		the following pe	erson as my nor	۱-			
attor	ney representative	e:			_ (Non-Attorney	Representative).
I auth	norize my represer	ntative to act for me, to the exte	ent permitted	by law, with r	espect to <u>Durha</u>	ım County, Nort	<u>:h</u>
Carol	ina property tax n	natters, limited exclusively to fil	ing appeals to	and represe	nting before the	Durham Count	:y
Boar	d of Equalization	and Review, subject to any a	dditional pro	visions and e	xclusions set fo	orth below. Th	is
autho	orization is effectiv	e immediately. I certify that the	e non-attorne	ey representat	tive is one of the	following:	
(Sele	ct one) \Box Off	cer of this business entity					
	☐ Ma	nager or member-manager if th	is business er	ntity is a limite	d liability compa	any	
	☐ Em	ployee of this business entity wh	hose income	is reported on	IRS Form W-2		
	□ Ow	ner of this business entity whos	e interest in t	he business e	ntity is at least 2	25%.	
		ADDITIONAL DROVISIONS	AND EVELLE	LONG (ORTION			
,	\ In:tial	ADDITIONAL PROVISIONS	AND EXCLUS	IONS (OPTION	IAL)		
() Initial						_
Business Entity	Signer's Name:			-			_
	Business Name:			Telephone Number(s):			_
	Address:			Fax Number:			
	Address:			Email:			
	Address:			Email.			
	Address.						_
Representative	Name:			Tolombono			
	Title/Position:			Telephone Number(s):			
	Address:			Fax Number:			
	Address:			Email:			
	Address:			Zillidii.			
	Address.						_
		SIGNATURE AND	ACKNOWLED	GMENT			
Your Signature						-	
Your	Signature		Dat	e			
Vour I	Name Printed						
State	of	, Coun	ty of		·		
I certi	fy that the following	g person personally appeared befor	e me this day,	acknowledging	to me that he or	she signed the	
forego	oing document:			·			
Date:			Signature of	Notary Public			
			0.6.14441001				
(Official Seal)					, N	lotary Public	
			Printed or typed name				
			My commission expires:				