

GREENE COUNTY ASSESSOR'S OFFICE AGENT AUTHORIZATION FORM - 2025

TO: Greene County, Missouri Assessor RE: 2025 Tax Year Reassessment

Property Information

Property Name: _____

Property Address: _____

Parcel Number(s): _____

Owner/Landlord Name: _____

Owner/Landlord Address: _____

Agent Information

I/We, the undersigned, hereby authorize:

Agent Name: _____

Company/Firm Name: _____

to act as my/our authorized agent to:

- File an appeal and represent the above-referenced property in all matters related to the 2025 Tax Year reassessment.

- Engage in any communications, informal and formal negotiations, and other proceedings with the Greene County Assessor's Office.

- Appear before the Assessor and/or any applicable Boards of Review as necessary.

Authorization and Acknowledgement

I/We understand that this authorization is valid for the 2025 Tax Year only unless revoked in writing.

Signature: _____

Printed Name: _____

Title/Position: _____

Date: _____

Telephone Number: _____

Greene County Missouri Assessor Agent Authorization Form 2025

Notary Acknowledgement

State of		
County of		
On this day of Name),	, 2025, before me, (N	lotary
personally appeared satisfactorily proven)	(Property Owner), known to me (or
to be the person whose name is	subscribed to the within instrument, and acknowle	dged

to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature

My Commission Expires: _____

Notary Seal: _____
