

*Property Owner Name: _____

*Property Address: _____ City: _____ State: _____ Zip: _____

*County: _____ *Tax Year(s): _____ Parcel ID#: _____

EQUITAX (hereinafter referred to as "Advisor") looks forward to representing you before the City/County Taxing Authority. By signing this agreement, you agree that Advisor will be responsible for the property tax program for you (hereinafter referred to as the "Client") and your property(s) as identified above (for multiple properties, please attach a property listing) for the year referenced above. After a thorough analysis of all of the value information gathered, Advisor will determine a minimal and defensible tax value. Then, Advisor will file an assessment appeal for the year referenced above. We will attempt to negotiate a favorable settlement value with the County Tax Assessor or Board of Assessors ("BOA"). If a favorable value is not established informally at the "BOA" level, Advisor will further appeal the assessment to the Boards of Equalization ("BOE"), Value Adjustment Board ("VAB"), or other recognized quasi-judicial board or authority charged with reviewing/changing erroneous assessment values. As necessary, EQUITAX will prepare and present appeal evidence at scheduled appeal hearings before BOE, VAB, and/or other board or authority in efforts to secure a more equitable, fair and reduced assessed value. EQUITAX has full authority to settle the appeal case at any level and at a value deemed acceptable by EQUITAX.

For the services described above, Client agrees to pay Consultant One of the following fees (please check only one):

1. _____ An administrative fee of **\$250** plus **25%** of the first year's tax savings, or
2. _____ An administrative fee of **\$150** plus **35%** of the first year's tax savings, or
3. _____ An administrative fee of **\$ 75** plus **45%** of the first year's tax savings.

"Tax Savings" is defined as the proposed current year's assessment minus the current year's final assessment, times the current year's tax rate. The administrative fee is due upon engagement. The percentage fee is due after the final assessment reduction is granted by the Tax Assessor, BOE, VAB, and/or other authority and within 30 days of receipt of invoice. EQUITAX will invoice Client for any fees owed. Any required filing fees paid by Advisor are reimbursable from Client. Invoices unpaid past 45 days will be subject to interest charges of 18% per year, collection fees, attorney's fees, court fees, and/or other delinquent charges that may apply. Any party may terminate this agreement at any time by giving the other party 30 days written notice. However, if Client terminates for any reason, EQUITAX retains the right to fully prosecute any and all appeals in progress at the time of termination for the tax year(s) identified herein (up to and including the BOA, VAB and/or other quasi-judicial hearings). Any resulting percentage fees, as well as any unpaid administrative fees, will be due and billed to Client. Our entire liability in representing you and your property(s) in this regard is limited to the compensation you have paid EQUITAX under this agreement. If Client requests a continuance of the appeal(s) to County Superior Court, State Court, or other higher authority, additional services and fees will be required and are not included or contemplated herein.

LETTER OF AUTHORIZATION, POWER OF ATTORNEY & DECLARATION OF REPRESENTATIVE

By signing below, I agree and hereby appoint EQUITAX as attorney in fact to negotiate real estate assessment values with the City/County/State Taxing Authorities on my behalf. EQUITAX representatives may schedule, reschedule, and/or postpone appeal hearings, may sign any agreements, consents, or other documents, and may otherwise represent my (our) interests for purposes of reducing the assessed value(s) on the above referenced property(s). Advisor may have mailing address changed to Advisor's address. This authorization automatically revokes all earlier authorizations or power(s) of attorney for the same tax matters for years stated above.

*Signature: _____ *Date: _____

*Home Phone: _____ Office #: _____ Cell #: _____

*Mail Address: _____ *Print Email: _____