

Platte County Authorization Form for the Tax Year 2025

An electronic form has been filed with the Platte County Assessor's Office to appeal the below referenced parcels. I am the authorized authority: (Please Check One)

Owner:	
Agent Acting on Behalf of Owner:	
If Owner is marked above, please pu	it your name as the authority to make decisions.
This form must be filled out, signed by owner ar	nd returned to our office prior to any processing of appeals.
Return to: Reinfo@co.platte.mo.us / Cominfo@	co.platte.mo.us or mail to: 415 Third Street Rm 114, Platte
Ci	ity, MO 64079
The authority to make decision is hereby	y given to
to act on the owner(s) behalf as agent in properties listed below, located in the P agent is given full authority to han	n the appeal of the assessment of the property or latte County and owned by the undersigned. The dle all matters relative to the appeal of the present the undersigned with the assistance of
Print Owner's Name:	
Address:	
Agent Name:	
Contact Phone #:	
Owner's Signature:	
Date:	
Property Parcel Number(s) OR Personal Property Account Number (s)	Property Address (Street Address, City)