

Appeal Hearing Attendance Waiver

BEFORE THE BOARD OF EQUALIZATION COUNTY OF ST. LOUIS, MISSOURI

Property Account/Locator Number _____

Address of Subject Property

I, the undersigned, wish to **WAIVE** my right to personally appear and be heard on my appeal to the Board of Equalization. I have submitted all the issues and documents I wish the Board to consider in determining my appeal. I understand that the Board will not prejudice my appeal for non-attendance and the Board will notify me of its decision without prejudice to any further rights I may have.

Property Owner - Appellant

Date