

RETURN INFORMATION

(Please fax or email this form to dking@barrowga.org and jjjones@barrowga.org
Fax: 770-867-4800)

PARCEL _____
NAME _____

BOE Case # _____

OWNER NAME _____

Hearing Date: _____

MAILING
ADDRESS _____

PHONE: (home) _____ (cell) _____

Please select one of the following.

I will be attending on the date of hearing as set.

I will be attending with representation on the date of hearing as set.

My representative will attend on my behalf.

Name of Representative: _____ OCGA 48-5-311(6)(A)

I will not be able to attend on the date as set. I would like to reschedule.

(Note: Pursuant to OCGA 48-5-311(C) a one-time reschedule is permitted)

All requests should be made 48 hours prior to the scheduled hearing date by email or fax.

I wish to withdraw my appeal. I will not be appearing.

Other _____

DATE: _____

Signature of Appellant/Representative

Do you have any other parcels? If so, please list below.

If you have other parcels, would you like them scheduled on the same day? Yes _____ No _____