

Agent Authorization for Property Assessment Appeals

If an agent is representing the property owner or municipality, the property owner or municipality must provide prior written authorization for the agent to represent the company or municipality when contacting the reviewing authority.

Section 1: Property Owner and Property Information

Company/property owner name Froedtert Health Inc.			Taxation district (Check one) <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		County Waukesha
Mailing address 9200 W. Wisconsin Avenue			Street address of property 2400 Golf Road		
City Milwaukee	State WI	Zip 53226	City Waukesha	State WI	Zip 53211
Parcel number WAKC 0944002	Phone () -	Email		Fax () -	

Section 2: Authorized Agent Information

Name / title Joseph Pickart, Anthony Anzelmo and Amy Ambro			Company name Husch Blackwell LLP		
Mailing address 511 North Broadway, Suite 1100			Phone (414) 273-2100	Fax (414) 223 - 5000	
City Milwaukee	State WI	Zip 53202	Email joseph.pickart@huschblackwell.com anthony.anzelmo@huschblackwell.com amy.ambro@huschblackwell.com		

Section 3: Agent Authorization

Agent Authorized for: (check all that apply) <input type="checkbox"/> Manufacturing property assessment appeals (BOA) <input type="checkbox"/> Access to manufacturing assessment system (MAS) <input type="checkbox"/> Wisconsin Department of Revenue 70.85 appeals <input checked="" type="checkbox"/> Municipal Board of Review <input type="checkbox"/> Other _____	Enter Tax Years of Authorization _____ _____ <div style="text-align: center;">ALL TAX YEARS</div> _____ _____
Authorization expires: <u>12 - 31 - 2025</u> (unless rescinded in writing prior to expiration) (mm - dd - yyyy)	
Send notices and other written communications to: (check one or both) <input checked="" type="checkbox"/> Authorized Agent <input checked="" type="checkbox"/> Property Owner	

Section 4: Agreement/Acceptance

I understand, agree and accept: <ul style="list-style-type: none"> The assessor's office may divulge any information it may have on file concerning this property My agent has the authority and my permission to accept a subpoena concerning this property on my behalf I will provide all information I have that will assist in the discussion and resolution of any assessment appeal of this property Signing this document does not relieve me of personal responsibility for timely reporting changes to my property and paying taxes, or penalties for failure to do so, as provided under Wisconsin tax law A photocopy and/or faxed copy of this completed form has the same authority as a signed original If signed by a corporate officer, partner, or fiduciary on behalf of the owner, I certify that I have the power to execute this Agent Authorization form 	
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Section 5: Owner Grants Authorization

Owner Sign Here	Owner name (please print)	Froedtert Health, Inc.	
	Owner signature		
	Company or title	Froedtert Health SVP & Chief Legal Counsel	
	Date (mm-dd-yyyy)	5 23 2022	