U: 22pm·email

Wisconsin Department of Revenue

## Request to Testify by Telephone or Submit a Sworn Written Statement at the Board of Review (BOR)

Section 70.47(8), Wis. Stats., states "...Instead of appearing in person at the hearing, the board <u>may</u> allow the property owner, or the property owner's representative, at the request of either person, to appear before the board, under oath, by telephone or to submit written statements, under oath, to the board. ..."

NOTE: The legal requirements of the Notice of Intent to Appear at the BOR must be satisfied and the Objection Form must be completed and submitted to the BOR as required by law prior to the Request to Testify by Telephone or Submit Sworn Written Statement form being submitted.

Municipality City of Waukesha		County Waukesha		
Property owner's name		Agent name (if applicable)		
LRG LLC		Pivotal Tax Solutions Agent's mailing address		
Owner's mailing address 2100 Frontage Rd		1550 E McKellips Rd., Suite 123		
Glencoe, IL 60022		Mesa, AZ 85203		
Owner's telephone number	Land Line	Agent's telephone number ( 480 ) 634 - 6169	∠ Land Line	
Owner's email address	Cell Phone	Agent's email address	Cell Phone	
Owner a Ginan address		appeals@pivotaltax.com		
Please provide the following infor sheets, if necessary.)	mation on the property ar	nd the assessment to which you ar	e objecting. (Attach additional	
1. Property address 1901 E Mo	eland BI, Waukesha, WI	53186		
2. Legal description or parcel nu	ımber from the current as	ssessment roll 1005241		
3. Total Property Assessment	\$6,589,800			
<ol><li>If agent, attach signed Agent</li></ol>	Authorization form, PA-1	05		
X Testify by telephone*	Submit sworn w	ritten statement		
•	d out of state and traveling r consideration.	g to the hearing would cause signif	icant burden	
*If the request is approved, prov	ide the hest telephone n	umber to reach you ( 480 ) 634	F - 6169	
	ac the best telephone hi	inder to reach you ( 100 ) co		
Owner's or Agent's signature	g In		6 - 5 - 25	
For Board Use Only				
Approved Denied	l			
Reason				
A Principal Control of				
☐ Taxpayer advised	Date			
	Date			

PA-814 (N. 1-15)