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

*6:05pm · email*

**RECEIVED** *(stamp)*

Section 70.47(8), Wis. Stats., states "...Instead of appearing in person at the hearing, the board may 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 | County |
|---|---|
| City of Waukesha | Waukesha |

| Property owner's name | Agent name *(if applicable)* |
|---|---|
| Lithia Motors/Lithia Real Estate Inc. | Pivotal Tax Solutions |

| Owner's mailing address<br>150 N. Barlett<br>Medford, OR 9750 | Agent's mailing address<br>1550 E McKellips Rd., Suite 123<br>Mesa, AZ 85203 |
|---|---|

| Owner's telephone number | | Agent's telephone number | |
|---|---|---|---|
| (  )  - | ☐ Land Line<br>☐ Cell Phone | ( 480 ) 634 - 6169 | ☒ Land Line<br>☐ Cell Phone |

| Owner's email address | Agent's email address |
|---|---|
|  | appeals@pivotaltax.com |

Please provide the following information on the property and the assessment to which you are objecting. *(Attach additional sheets, if necessary.)*

1. Property address  1560 E Moreland Blvd, Waukesha, WI 53186

2. Legal description or parcel number from the current assessment roll  1006252

3. Total Property Assessment  $2,085,500

4. If agent, attach signed Agent Authorization form, PA-105

☒ Testify by telephone*     ☐ Submit sworn written statement

Basis for request  We are located out of state and traveling to the hearing would cause significant burden and expenses. Thank you for your consideration.

*If the request is approved, provide the best telephone number to reach you ( 480 )  634 - 6169

| Owner's or Agent's signature *(signature)* | Date  6 - 3 - 25 |
|---|---|

## For Board Use Only

☐ Approved       ☐ Denied

Reason _____

☐ Taxpayer advised _____
Date

PA-814 (N. 1-15)                                                                 Wisconsin Department of Revenue