

Request for Waiver of Board of Review (BOR) Hearing

Section 70.47 (8m), Wis. Stats., states, "The board may, at the request of the taxpayer or assessor, or at its own discretion, waive the hearing of an objection under sub. (8) or, in a 1st class city, under sub. (16) and allow the taxpayer to have the taxpayer's assessment reviewed under sub. (13). For purposes of this subsection, the board shall submit the notice of decision under sub. (12) using the amount of the taxpayer's assessment as the finalized amount. For purposes of this subsection, if the board waives the hearing, the waiver disallows the taxpayer's claim on excessive assessment under sec. 74.37(3) and notwithstanding the time period under sec. 74.37(3)(d), the taxpayer has 60 days from the notice of hearing waiver in which to commence an action under sec. 74.37(3)(d)."

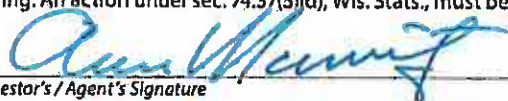
NOTE: The legal requirements of the Notice of Intent to Appear must be satisfied and the Objection Form must be completed and submitted as required by law prior to the Request for Waiver of Board of Review Hearing being submitted.

NOTE: Request for Waiver must be presented prior to the commencement of the hearing.

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|---|---|
| Municipality City of Waukesha | County Waukesha |
| Requestor's name LCM Funds 61 Clearpoint et al | Agent name (if applicable) * Attorney Alan Marcuvitz |
| Requestor's mailing address PO Box 1602 Milwaukee, WI 53201 | Agent's mailing address von Briesen & Roper, s.c. 411 E. Wisconsin Ave., Ste 1000 Milwaukee, WI 53202 |
| Requestor's telephone number () - N/A <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Land Line <input type="checkbox"/> Cell Phone </div> | Agent's telephone number (414) 287 - 1401 <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> Land Line <input type="checkbox"/> Cell Phone </div> |
| Requestor's email address N/A | Agent's email address alan.marcuvitz@vonbriesen.com |

| | |
|--|---|
| Property address 220 W. Main St. | |
| Legal description or parcel number 1305.174.001 | |
| Taxpayer's assessment as established by assessor - Value as determined due to waiving of BOR hearing \$ 13,860,600 | |
| Property owner's opinion of value \$ 11,817,800 | |
| Basis for request Hearing requires substantially more time than allocated. | |
| Date Notice of Intent to Appear at BOR was given - - | Date Objection Form was completed and submitted 0 6 - 0 3 - 2 0 2 5 |

All parties to the hearing understand that in granting of this waiver there can be no appeal to the Department of Revenue under sec. 70.85, Wis. Stats. An action under sec. 70.47(13), Wis. Stats., must be commenced within 90 days of the receipt of the notice of the waiving of the hearing. An action under sec. 74.37(3)(d), Wis. Stats., must be commenced with 60 days of the receipt of the notice of the waiving of the hearing.


 Requestor's / Agent's Signature

*** If agent, attach signed Agent Authorization Form, PA-105**

Decision

☐ Approved
 ☐ Denied

Reason _____

Board of Review Chairperson's Signature _____

_____ Date

☐ Taxpayer advised _____

_____ Date

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 LCM Funds 61 Clearpoint et al | | Taxation district (Check one) <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <input type="checkbox"/> County Enter municipality -- Waukesha Waukesha Street address of property 220 W. Main St. City Waukesha State WI Zip 53186 Email N/A Fax () - N/A | |
| Mailing address PO Box 1602 City Milwaukee State WI Zip 53201 Parcel number 1305.174.001 Phone () - N/A | | | |

Section 2: Authorized Agent Information

| | | | |
|--|--|--|--|
| Name / title Allys, Alan Marcuvitz, Christopher Smith, Katie Bireley, and Ryan Duffy | | Company name von Briesen & Roper, s.c. | |
| Mailing address 411 E. Wisconsin Ave., Ste. 1000 City Milwaukee State WI Zip 53202 | | Phone (414) 287 - 1401 Fax (414) 238 - 6625 Email allys.marcuvitz@vonbriesen.com christopher.smith@vonbriesen.com katie.bireley@vonbriesen.com ryan.duffy@vonbriesen.com | |

Section 3: Agent Authorization

| | | | |
|---|--|---|--|
| Agent Authorized for: (check all that apply) <input type="checkbox"/> Manufacturing property assessment appeals (BOA) <input type="checkbox"/> Wisconsin Department of Revenue 70.85 appeals <input checked="" type="checkbox"/> Municipal Board of Review <input checked="" type="checkbox"/> Other | | Enter Tax Years of Authorization 2025 and until revoked 2025 and until revoked | |
| Authorization expires: does not expire unless revoked (mm-dd-yyyy) unless rescinded in writing prior to expiration | | | |
| Send notices and other written communications to: (check one or both) <input checked="" type="checkbox"/> Authorized Agent <input type="checkbox"/> Property Owner | | | |

Section 4: Agreement/Acceptance

- I understand, agree and accept:**
- 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

Section 5: Owner Grants Authorization

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|------------------------|---|---------------------------------------|
| Owner Sign Here | Owner name (please print) Denise Carter | Date (mm-dd-yyyy) 5-20-2025 |
| | Owner signature Denise Carter | |
| | Company or title member | |