



Authorization of Attorney

(Required only if the appellant is represented by an attorney)

I SWEAR, AS AN ATTORNEY AT LAW, THAT I HAVE BEEN AUTHORIZED BY THE APPELLANT TO FILE THE ATTACHED APPEAL APPLICATION.

NAME OF APPELLANT:

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

APPELLANT'S TELEPHONE NUMBER: _____

NAME OF ATTORNEY:

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ATTORNEY'S TELEPHONE NUMBER: _____

SIGNATURE OF ATTORNEY