

## **AUTHORIZATION**

AUTHORIZATION FOR REPRESENTATION IN APPEAL OF PROPERTY ASSESSMENT

## SPECIALIZING IN PROPERTY TAX REDUCTION

PLEASE PROVIDE THE INFORMATION REQUESTED AND SIGN BELOW,
THEN RETURN THIS FORM TO US (SEE INSTRUCTIONS BELOW SIGNATURE LINE)

Name:	#520
Property Address:	
City:	Zip:
Town:	Village:
Current Property Assessment:	Full Market Value:
Parcel ID:	School District:
Work Phone:	Home Phone:
Cell Phone:	Fax:
E-Mail:	
Mailing address (if different from above):	
Where did you hear about us?	
If you have ever appealed your real estate taxes, which year did you appeal?	
I authorize Sokol Group as my sole representative to protest/appeal my real estate taxes and assessment for year	
2026. I agree to pay 60% of the first year reduction in real estate taxes. The fee is payable when I am provided	
written proof that my taxes are reduced. There is absolutely no fee if I do not get a tax reduction.	
Signature:	Date:
NAME (Please Print): FIRST:	LAST:

Please mail this back to us, or fax it to 845-704-1441.

TO EXPEDITE PROCESSING OF YOUR APPEALS, PLEASE INCLUDE COPIES

OF YOUR MOST RECENT TOWN AND VILLAGE TAX BILLS (IF YOU CAN)

NOTE: You will receive confirmation of acceptance of your case within 10 days.