

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.