

\_\_\_\_\_  
Name(s) ISB #(s)

\_\_\_\_\_  
Title(s)

\_\_\_\_\_  
Mailing Street Address

\_\_\_\_\_  
Mailing City/State/Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Attorney/Representative for

BEFORE THE IDAHO BOARD OF TAX APPEALS

_____	)	
	)	
Appellant,	)	Appeal No(s). _____
	)	
v.	)	
	)	NOTICE OF APPEARANCE
_____	)	
	)	
Respondent.	)	
_____	)	

\_\_\_\_\_ hereby enters an appearance as Representative of  
Record for \_\_\_\_\_.

Respectfully submitted this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Representative

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, I caused to be served a true copy of the foregoing NOTICE OF APPEARANCE by the method indicated below and addressed to each of the following:

<p>_____ Name(s)</p> <p>_____ Title(s)</p> <p>_____ Mailing Address</p> <p>_____ City/State/Zip Code</p>	<p>___ U.S. Mail, Postage Prepaid</p> <p>___ Hand Delivered</p> <p>___ Overnight Mail</p> <p>___ Other _____</p>
<p>_____ Name(s)</p> <p>_____ Title(s)</p> <p>_____ Mailing Address</p> <p>_____ City/State/Zip Code</p>	<p>___ U.S. Mail, Postage Prepaid</p> <p>___ Hand Delivered</p> <p>___ Overnight Mail</p> <p>___ Other _____</p>
<p>_____ Name(s)</p> <p>_____ Title(s)</p> <p>_____ Mailing Address</p> <p>_____ City/State/Zip Code</p>	<p>___ U.S. Mail, Postage Prepaid</p> <p>___ Hand Delivered</p> <p>___ Overnight Mail</p> <p>___ Other _____</p>
<p>_____ Name(s)</p> <p>_____ Title(s)</p> <p>_____ Mailing Address</p> <p>_____ City/State/Zip Code</p>	<p>___ U.S. Mail, Postage Prepaid</p> <p>___ Hand Delivered</p> <p>___ Overnight Mail</p> <p>___ Other _____</p>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Person Signing