

**Authorized Representative for Appearance to the
2025 City of Westland March Board of Review
(Only original signatures are allowed. No copies will be accepted.)**

Parcel number(s) to be appealed:

Property address(s) to be appealed:

Property owner's name: _____

Property owner's mailing address: _____

Property owner's phone number: _____

Authorized Representative's Name: _____
Authorized Representative's mailing address: _____

Authorized Representative's phone number: _____

Owner's Signature _____ Date _____

Authorized Representative's Signature _____ Date _____

Subscribed and sworn to before me this _____th day of _____, 2025 A.D.

Notary Public _____ County _____ My commission expires: _____