

**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 \_\_\_\_\_<sup>th</sup> day of \_\_\_\_\_, 2025 A.D.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ County      My commission expires: \_\_\_\_\_