



ASSESSING OFFICIAL AGREEMENT TO USE THE PORTAL FOR ONLINE PROPERTY LEGAL APPEAL REVIEW (“POPLAR”)

State Form 57490 (R1 / 8-24) / IBTR Form 140
Prescribed by the Indiana Board of Tax Review

**INDIANA BOARD OF TAX REVIEW
FORM 140**

100 North Senate Avenue, N1026
Indianapolis, Indiana 46204
Telephone: (317) 232-3786
Website: <https://www.in.gov/ibtr/>

INSTRUCTIONS:

1. Complete all sections of this form.
2. Information provided in this form should identify the assessing official's office and provide the contact information to be used for accessing POPLAR.
3. File this form with the:
Indiana Board of Tax Review
100 North Senate Avenue, Room N1026
Indianapolis, IN 46204

FILING DEADLINE AND REQUIREMENT TO UPDATE FORM: This form must be annually filed no later than January 31 by all assessing officials. Additionally, this form must be immediately updated and refiled if the contact information provided in a previously submitted form is no longer accurate.

SECTION 1: ASSESSING OFFICIAL INFORMATION

Assessing Official Title		County	
County Number	Township (if applicable)		
Printed Name		Signature	
Assessing Official Office Address (number and street, city, state, and ZIP code)			

SECTION 2: AGREEMENT TO USE POPLAR AND PROTECT CONFIDENTIAL INFORMATION

In all proceedings where my office is a party before the Indiana Board of Tax Review, I agree and elect to utilize POPLAR for electronic filing and case management, and my staff will follow all policies, rules, and procedures as issued by the Indiana Board of Tax Review.

Assessing official agrees to service via POPLAR.

I affirm that any individual granted access to the assessing official's POPLAR account will adhere to any applicable administrative rule or statute concerning the protection of confidential data.

Assessing official affirms duty to protect confidential information.

SECTION 3: POPLAR CONTACT INFORMATION

Please provide the contact information that will be used to access the assessing official's POPLAR account (only one (1) email address is required).

Email Address	Name of Individual Associated with Email Account (optional)
Email Address	Name of Individual Associated with Email Account (optional)
Email Address	Name of Individual Associated with Email Account (optional)

SECTION 4: AFFIRMATION

I certify that all entries on this form are accurate to the best of my knowledge and belief.

Printed Name	Title
Signature	Date