



TOOELE COUNTY CORPORATION
CONTRACT # 15-07-14

Board of Equalization
47 So. Main, Suite #310
Tooele, UT 84074

Hearing Officer Agreement for Board of Equalization

Name: _____ Christopher Isom _____

Address: _____ 525 W State 1A _____

_____ Hurricane, UT 84737 _____

Telephone: _____ 435-893-8500 _____

I hereby agree to furnish my professional services to the Tooele County Board of Equalization (Board) to examine the appeals requested for hearing in accordance with the provisions of Section 59-2-1001(3), Utah Code, and other applicable policies and procedures. I will transmit my findings of each appeal to the Board within 5 business days of hearing the appeal (or 30 calendar days in the case of mutually agreed upon extenuating circumstances).

I certify that I am fully qualified to perform these duties, and will perform them to the best of my abilities upon my professional knowledge, skills, and experience.

Compensation for these services will be \$45.00 per hour.

I acknowledge that I will perform the professional services outlined in this Agreement as an independent contractor and I am not deemed to be an employee of Tooele County. I will submit a monthly statement to Tooele County itemizing my services, and Tooele County will remit payment within 30 days of receiving each statement.

Chris Isom

Signature

7/16/2015

Date

Board of Equalization approval by:

Marilyn K. Smith

Signature

7-30-15

Date