## City of Suffolk Assessor's Office

442 West Washington Street · Suite 1027 Suffolk, Virginia 23434

Phone: (757) 514-7475 · Fax: (757) 514-7495 · Email: CityAssessor@suffolkva.us


# Letter of Authorization for Representatives and Agents

A Property Owner may authorize an agent to: obtain confidential information for the property from the Office of the Assessor; file and certify statements of incomes and expenses attributable to the property; and file Department reviews of assessments and/or Board of Equalization appeals of assessments on behalf of the owner.

The Property Owner must identify the property, the Agent and the scope of the Agent's authority. Agents may be appointed for the current year and past years only. The authorization must bear the notarized signature of an owner of record of the property or an appropriate officer if the property is owned by a corporation.

*Please print or type all information except for signature lines.*

**OWNER / COMPANY NAME (as listed in the property record file)**

_____

Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

(List all Tax Map and Account Numbers and property addresses for which authorization is granted (Use additional sheets if necessary)

| Tax Map Number | Account Number | Address |
|---|---|---|
| | | |
| | | |

**NAME OF AUTHORIZED AGENT/COMPANY**

Agent Name_____ Company Name _____

Address _____ City _____ State ____ ZIP_____ Phone _____

**AUTHORIZATION**

Please cite specific year(s) for which this authorization is valid. (CURRENT AND PAST YEARS ONLY)

For Tax Year(s), _____ the Property Owner hereby appoints the above named as the duly authorized Agent of the owner for the purposes indicated. (*Please check as appropriate*)

____ 1. Agent is authorized to obtain confidential information for the property from the Office of the Assessor.

____ 2. Agent is authorized to file and certify statements of incomes and expenses attributable to the property.

____ 3. Agent is authorized to file reviews of assessments to the Office of the Assessor and/or the Board of Equalization and to represent the Property Owner in review and/or appeal hearings.

_____ _____

**Name of Owner or Officer (print or type)** **Signature of Owner or Officer**

_____ _____

**Title** **Date**

State_____ County/City _____

The foregoing was acknowledged before me this _____ day of _____ , 20 _____

_____ My commission expires _____

*Notary Public Signature* Date