



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## REQUIREMENTS FOR LETTERS OF AUTHORIZATION

Property owners who are being represented by an agent/agency in matters involving the assessment of real estate must provide a Letter of Authorization to the Fairfax County Department of Tax Administration. A copy of a Power of Attorney should describe the type of representation for the property owner. The attached template is preferred and its use will expedite your request for information.

The Letter of Authorization must meet the following requirements:

- (1) Must be notarized and preferably on Property Owner's letterhead.
- (2) Must be addressed to the Fairfax County Department of Tax Administration. Blanket letters of authorization will not be accepted.
- (3) Must identify the property by specifying:
  - The owner of record;
  - The property map reference number; and
  - The property address
- (4) Must identify the agent/agency representing the property(s).
- (5) Must be dated and signed within the current tax year. Authorizations without a current date will not be accepted.
- (6) Must be signed by the owner of record, general partner, or a corporate officer authorized to act on its behalf. A person who identifies himself as the Owner or Officer of the Corporation will be accepted as such, however, any misrepresentation on his part constitutes fraud.
- (7) The Letter of Authorization must include:
  - The **PRINTED OR TYPED** name of signer
  - The title of the signer
  - Relationship of the signer to the owner of record
  - Date of signature
  - Telephone contact (area code + number)

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**DEPARTMENT OF TAX ADMINISTRATION (DTA)  
REAL ESTATE DIVISION**

12000 Government Center Parkway, Suite 357  
Fairfax, VA 22035

Phone: 703-222-8234

Fax: 703-324-4935, TTY 703-222-7594

[www.fairfaxcounty.gov/dta](http://www.fairfaxcounty.gov/dta)



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## LETTER OF AUTHORIZATION, DEPARTMENT OF TAX ADMINISTRATION

TAX MAP PARCEL(S) : \_\_\_\_\_

LEGALLY RECORDED OWNERSHIP NAME: \_\_\_\_\_

NAME OF PROPERTY: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

NOTE: PROPERTY OWNERS USING A THIRD PARTY TO REPRESENT THEM IN MATTERS OF CONTESTING AN ASSESSMENT OR EXAMINING WORKING PAPERS (THAT MAY CONTAIN CONFIDENTIAL FINANCIAL INFORMATION ) MUST COMPLETE THIS LETTER OF AUTHORIZATION (LOA) AND HAVE IT NOTORIZED . THIS LOA MUST ACCOMPANY ANY REQUEST FOR CONFIDENTIAL DOCUMENTS OR APPEALS OF ASSESSMENT.

I. AUTHORIZING ENTITY: \_\_\_\_\_  
\_\_\_\_\_

NOTE: AUTHORIZING ENTITY MUST BE THE LEGALLY RECORDED OWNER OF THE PROPERTY OR THE ENTITY WHICH DIRECTLY PAYS THE TOTAL ANNUAL REAL ESTATE TAXES FOR THE TAX MAP PARCEL (S) IN QUESTION. IF THE AUTHORIZING ENTITY IS NOT THE SAME AS THE LEGALLY RECORDED OWNERSHIP ENTITY, THE RELATIONSHIP OF THE AUTHORIZING ENTITY TO THE OWNERSHIP ENTITY MUST BE EXPLAINED IN A DETAILED MANNER BELOW. IF THE AUTHORIZING ENTITY IS A LESSEE, MANAGEMENT COMPANY, ASSET MANAGER, OR HOTEL OPERATOR THAT DIRECTLY PAYS THE PROPERTY'S ENTIRE ANNUAL TAX BILL, A COPY OF THE LEASE, LEASE ABSTRACT, OPERATING AGREEMENT, OR MANAGEMENT CONTRACT MUST BE ATTACHED THAT CLEARLY DEFINES THE OBLIGATION OF SUCH ENTITY TO PAY THE FULL TAXES ON THE PROPERTY , AND/OR THE RIGHT TO RECEIVE ANNUAL WORKING PAPERS FROM THE DEPARTMENT OF TAX ADMINISTRATION (WHICH MAY INCLUDE CONFIDENTIAL FINANCIAL INFORMATION) AND/OR THE RIGHT TO CONTEST THE ANNUAL ASSESSED VALUE FOR THE TAX YEARS AUTHORIZED.

EXPLANATION (IF REQUIRED): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. AUTHORIZED TAX YEAR(S) CURRENT AND PRIOR ONLY: \_\_\_\_\_

AUTHORIZED PARTY: \_\_\_\_\_

AUTHORIZED PARTY CONTACT INFORMATION: EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUTHORIZED PARTY IS ENTITLED TO: (ANSWER YES OR NO)

1. RECEIVE WORKING PAPERS FOR THE AUTHORIZED TAX YEARS WHICH MAY CONTAIN CONFIDENTIAL INCOME AND EXPENSE INFORMATION FROM THE PARCEL(S) IN QUESTION: \_\_\_\_\_.

2. CONTEST ASSESSED VALUES FOR THE AUTHORIZED PARCELS FOR THE AUTHORIZED TAX YEARS. \_\_\_\_\_.

III. SIGNING AUTHORITY

NAME OF AUTHORIZING PERSON : \_\_\_\_\_

TITLE OF AUTHORIZER: \_\_\_\_\_

EMPLOYER OF AUTHORIZER: \_\_\_\_\_

NOTE: THE EMPLOYER OF THE AUTHORIZER SHOULD BE THE AUTHORIZING ENTITY MENTIONED IN SECTION I. IF NOT, PLEASE EXPLAIN THE RELATIONSHIP OF AUTHORIZER TO THE OWNERSHIP ENTITY OF THE PROPERTY.

EXPLANATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF AUTHORIZER: \_\_\_\_\_

PHONE NUMBER OF AUTHORIZER: OFFICE: \_\_\_\_\_ , CELL: \_\_\_\_\_

EMAIL ADDRESS OF AUTHORIZER: \_\_\_\_\_

MAILING ADDRESS OF AUTHORIZER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. ALL LETTERS OF AUTHORIZATION MUST BE NOTORIZED:

PLEASE USE APPROPRIATE NOTORIAL CERTIFICATE (INDIVIDUAL, CORPORATION, OR PARTNERSHIP).