



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 of the property owner.

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)

**DEPARTMENT OF TAX ADMINISTRATION
REAL ESTATE DIVISION**

12000 Government Center Parkway, Suite 357
Fairfax, VA 22035

Phone: 703-222-8234

TTY 711, Fax: 703-324-4935

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: _____.

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 _____

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).

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared before me and known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to within the instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

Signature of Authorizer

Notary Public

My commission expires: _____

