# 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 Revised 2/2021

Any person or firm acting as an agent for a vehicle owner in Fairfax County must have a letter of authorization from the owner. No confidential information can be discussed or released to that person or firm without a letter of authorization. (Va. Code § 58.1-3)

The Letter of Authorization (LOA) must meet the following requirements or will be deemed invalid.

- (1) The name of the person signing the letter must be printed below the signature. Owner contact information must be included.
- (2) The person signing the letter must be the owner of the vehicle.
- (3) All the properties to be represented must be listed and clearly identified:
  - a. Vehicle year, make and model
  - b. VIN
  - c. License plate number and State
- (4) The tax year(s) for which the authorization is to be granted needs to be specified.
- (5) Letters of authorization must be dated and notarized. Date cannot be more than six (6) months old.

Blanket letters of authorization, emailed or faxed copies will not be accepted; must be an original document mailed to:

Department of Tax Administration Personal Property and Business License Division 12000 Government Center Parkway, Suite 261 Fairfax, Virginia 22035-0029

### The LOA **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)
- Email contact

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## LETTER OF AUTHORIZATION

VEHICLE 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 NOTARIZED.

THIS LOA MUST ACCOMPANY ANY REQUEST FOR CONFIDENTIAL DOCUMENTS OR APPEALS OF ASSESSMENT.

### VEHICLE INFORMATION

Vehicle Year	Make	Model	VI	N	Plate #	State
Tax Years						
20	, 20	_, 20	, 20	, 20	·	
VEHICLE OW	NER INFOR	MATION				
Last Name:			First Na	ame:		
Address:						
City:		Sta	_State:		Zip:	
Email:			Phon	ne #:		
AUTHORIZER	INFORMAT	ION				
Last Name:			First Na	ame:		
Address:						
City:		Sta	te:		Zip:	
Email:			Pho	ne #:		
Vehicle Owner	Signature	I	Date Aut	horizer Sigr	ature	Date

#### **SELECT YES OR NO (\* Indicates Required Field):**

1) Authorized Party is entitled to receive working papers for the authorized tax year(s) which may contain confidential information for the vehicle(s) in question.

YES	NO
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2) Authorized Party is entitled to contest assessed values for the authorized vehicle(s) for the authorized tax years.

YES NO	YES	) NO	
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Authorizer Signature: \_\_\_\_\_

(BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE REQUIREMENTS FOR LETTERS OF AUTHORIZATION ATTACHED TO THIS FORM).

## **LETTERS OF AUTHORIZATION MUST BE NOTARIZED\***

(PLEASE USE APPROPRIATE NOTARIAL 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 \_\_\_\_\_