



# County of Fairfax, Virginia

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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/Applicants 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/Applicant.

The Letter of Authorization must meet the following requirements:

- (1) Must be notarized and preferably on Property Owner/Applicant's letterhead.
- (2) Must be addressed to the Fairfax County Department of Tax Administration. Blank 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) Authorizations are only effective for current and prior tax years.
- (6) Must be signed by the Applicant's owner(s) of record, general partner, or a corporate officer authorized to act on its behalf. A person who identifies himself as the Owner/Applicant 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)

**LETTER OF AUTHORIZATION, DEPARTMENT OF TAX ADMINISTRATION**

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

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

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

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

NOTE: PROPERTY OWNERS/APPLICANTS 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: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 me hand and official seal.

\_\_\_\_\_

Signature of Authorizer

\_\_\_\_\_

Notary Public

My commission expires \_\_\_\_\_

