



Agent Authorization Application

Office of the Assessor for the City of Poquoson

Please complete both pages of this form.

Persons other than the owner requesting a review of assessment, copies of worksheets, or appeals to the Board of Equalization must submit this letter of authorization with the notarized signature of the owner of record or a corporate officer. Authorizations are accepted for current year. A new authorization is required for any changes made and/or subsequent years.

If you possess a **Limited Power of Attorney** for real estate transactions or a **General Power of Attorney** (or a **Durable Power of Attorney**) please complete page 1 and attach a copy.

OWNER INFORMATION- RECORDED OWNERSHIP

Name:

Address:

City, State & Zip

Telephone number & Email:

AUTHORIZED AGENT INFORMATION

Name:

Title and Company:

Address:

City, State & Zip

Telephone number & Email:

PROPERTY INFORMATION Multiple parcels may be listed if they are titled exactly the same

Tax map number, Address & Tax Year:

Tax map number, Address & Tax Year:

Tax map number, Address & Tax Year:

Tax map number, Address & Tax Year:

Tax map number, Address & Tax Year:

KNOW ALL MEN BY THESE PRESENTS,

That I/We _____
(Owner of Record)

Of _____
(Name of Company, if Applicable)

Has/have made, constituted and appointed

(Agent's name)

Of _____
(Name of Company, if Applicable)

Of the City/County of _____, State of _____,

My true and lawful attorney-in-fact for the limited purpose of examining real estate tax records related to certain real property identified on Page 1 of this application ("The Property"); discussing the assessed value for the Property with City employees and officials; filing and pursuing administrative appeals to the City of Poquoson's Office of the Assessor and/or appeals to the City of Poquoson's Board of Equalization to challenge the real estate assessment of the Property and accepting final dispositions regarding the assessment of the identified property.

This Power of Attorney shall expire at the end of the calendar year of the date issued.

Given under my hand this _____ day of _____ 20__.

Authorized Signature

Title

STATE OF _____

CITY/COUNTY OF _____, to wit

The foregoing instrument bearing the date of _____, 20__, was

acknowledged before me this _____ day of _____ 20__ by

_____ of
Name Title

Name of Company Notary Public

My commission expires: _____