

Jenefer S. Hughes,
MBA, ACA
Commissioner

Gloria House, MPA
Chief Deputy Commissioner

COMMISSIONER OF THE REVENUE

Chesterfield County

P.O. Box 124
Chesterfield, Virginia 23832-0908
(804) 748-1281 Fax (804) 796-3236
www.chesterfield.gov/comrev cor@chesterfield.gov



LETTER OF AUTHORIZATION

This letter authorizes _____ to act on behalf of

_____, as my/our agent, regarding all tax matters. I give permission for the above-named agent to obtain and provide information, to our office and adjust and/or make changes to accounts pertaining to all business property tax assessments, personal property tax assessments, state income, and tax relief accounts.

I understand that information used or disclosed under this authorization may be disclosed by the recipient and may no longer be protected by the Secrecy of Information related to the *Code of Virginia 58.1-3*

I understand I have the right to revoke this authorization at any time by sending written notification to the Commissioner of the Revenue's office.

Name: _____

Address: _____

Signature: _____

Date: _____

Commonwealth of Virginia - City/County of _____

Sworn and subscribed before me this _____ day of _____, 20____

Signature of Notary Public: _____

Notary Registration Number: _____

My Commission Expires: _____