

Jenefer S. Hughes,  
MBA, ACA, MDCR  
Commissioner

Gloria House, MPA,  
MDCR  
Chief Deputy Commissioner

COMMISSIONER OF THE REVENUE  
Chesterfield County

P.O. Box 124  
Chesterfield, Virginia 23832-0908  
(804) 748-1281 Fax (804) 768-8649  
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: \_\_\_\_\_