

2023 APPOINTMENT OF REPRESENTATIVE

I, \_\_\_\_\_ hereby appoint

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #: \_\_\_\_\_

to represent me during the application process only for 100% disabled Veteran real estate and/or vehicle exemptions. I hereby give consent to employees of the Chesterfield County Commissioner of the Revenue to discuss this application with my representative and I agree to provide the necessary information should my appointed representative fail to do so.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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: \_\_\_\_\_