

Jenefer S. Hughes,
MBA, ACA, MCR
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 grant permission for the above-named agent to obtain and provide information, to the Commissioner of the Revenue's Office, and to adjust and/or make changes to accounts related to:

- Business services tax assessments
- Personal property tax assessments
- State income
- 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** provisions of the **Code of Virginia 58.1-3**.

I also understand I have the right to revoke this authorization at any time by submitting 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:** _____