

City of Hampton Power of Attorney

Office of the Assessor of Real Estate

1 Franklin Street, Suite 602
Hampton, Virginia 23669
www.hampton.gov/assessor

Must be completed by Owner of Record

Authorization valid January 1, 2026 – December 31, 2026

Please print or type

This form must be completed by the Owner of Record. For this purpose the "Owner of Record" is the current legal title holder of the Property, as identified in the records of the Office of the Assessor of Real Estate for the City of Hampton and/or the Office of the Clerk of the Circuit Court of the City of Hampton, Virginia.

Know All Men By These Presents, that (I/We) _____,
(Individual Authorized to Sign on Behalf of the Owner of Record)

of _____ has/have made, constituted and appointed
(Owner of Record, as defined above)

_____ of _____
(Agent(s) Name- Printed) (Name of Agent's Company, if applicable)

(Agent's Address)

of the City/County of _____, State of _____
(Agent's City/County)

my true and lawful attorney-in-fact for the limited purpose of examining real estate tax records relating to certain real property identified as **Parcel Identification Number** _____ ("the Property"); discussing the assessed value, including, but not limited to, income, expense, and other information otherwise considered confidential, for the Property with City employees, officials, and appointees; and filing and pursuing administrative appeals to the Office of the Assessor of Real Estate for the City of Hampton, and/or appeals to the Hampton Board of Review to challenge the real estate assessment of the Property. **This power of attorney shall expire December 31, 2026.**

By signing below, the signatory represents and warrants that he or she is legally authorized to execute and deliver this power of attorney as or on behalf of the Owner of Record.

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

Owner Email

Printed Name of Owner of Record

Owner Telephone Number

Individual Authorized to Sign on Behalf of the Owner of Record

Title of Person Signing

NOTARY

City/County of _____ State/Commonwealth of _____, to-wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____, as _____, who represents that he/she
(Individual Authorized to Sign on Behalf of the Owner of Record) (Title)

is authorized to sign and act on behalf of _____, and who is personally
(Owner of Record, as defined above)

known to me or provided _____ as identification.

Notary registration number _____

My commission expires _____

Notary Public