## LETTER OF AUTHORIZATION NOTICE TO PROPERTY OWNERS AND AGENTS/REPRESENTATIVES

Property owners who wish to be represented by an agent or representative in matters concerning real estate assessments must provide a Letter of Authorization to the Office of the County Assessor.

- **1.** The LOA must be an **original** document addressed to Albemarle County, Office of the County Assessor. These documents must be mailed or delivered to our office.
- **2.** The LOA must identify the property by specifying:
  - a. The Owner of Record
  - b. The Albemarle County Parcel ID number
  - c. The Assessment Year In Question
- **3.** The LOA must identify the agent/representative including their name, address, email address and telephone number
- **4.** The LOA must be signed by the owner of record of the property or if titled in the name of a corporation, it must be signed by an officer of the corporation authorized to act on its behalf. Management companies and other third party signatures are not acceptable.



tel: 434-296-5856 fax: 434-296-5801

## **LETTER OF AUTHORIZATION**

An original of this form must be submitted to the Office of the County Assessor with any application for review of an assessment and request for copies of assessment worksheets or information regarding the assessment of any real estate in the County.

## AN AUTHORIZATION MUST BE SUBMITTED FOR THE 2024 TAX YEAR FOR EACH PARCEL

## **ASSESSMENT YEAR: 2024**

Parcel ID:	Address:	
Owner of Record:		
If Corporation, Authorize	d Officer Name (Printed):	
Mailing Address of Owne	er:	
City, State, Zip Code:		
Telephone:	Email Address:	
	d property I(we) hereby appoint the following compa ent matters with the Albemarle County Office of the A	
Name of agent or firm: _		
Mailing Address of Agent	::	
City, State, Zip Code:		
Telephone:	Email Address:	
Is agent or representative	e rendering oninion of value?	es No

If yes, please provide the following:					
Commonwealth of Virginia Appraisal License Number:					
Type of License:					
Owners Signature:					
(Signature of Authorize	d Officer if Corporation)				
Owner Name Printed o	r Typed:				
(Name of Authorized O	fficer if Corporation)				
State	City/County				
The foregoing was ackr	owledged before me the	day of	20		
Notary Public					
My Commission Expire	s:		(Seal)		
Notary Registration Nu	mber:				