

BOARD OF EQUALIZATION LOUDOUN COUNTY, VIRGINIA 1 Harrison Street, S.E., 4th Floor, MSC #41 P.O. Box 7000 Leesburg, Virginia 20177-7000

LETTER OF AUTHORIZATION FOR REPRESENTATION

By completing and executing this Letter of Authorization for Representation, you hereby declare that someone other than yourself will represent your interests at a hearing before the Board of Equalization of Loudoun County, Virginia. Your signature constitutes an express waiver of any claim against the BOE or Loudoun County due to public disclosure of information which may be subject to the Virginia FOIA, VA Code, §2.1-340, et sec. If the Owner is being represented on multiple parcels, **by the same representative**, you may use one Letter of Authorization and list all of the parcels for which authorization is given. Please use a separate sheet of paper, listing the PIN, Tax Map Number, the Property Address and the BOE appeal number for each parcel you are appealing using this authorization. If the Owner is being represented on multiple parcels, **by a different representative**, you must use a separate Letter of Authorization for other parcels.

PIN:	Tax Map #:		
Property Address:			
OWNER OF RECORD NAMES			
Last Name:	Contact Number:		
First Name:	Email:		
Mailing Address (if different):			

To the Board of Equalization of Loudoun County, Virginia:

I am / we are the owner(s) of record of the above referenced parcel(s). This is to advise the Board that we are represented by the following individual(s)/firm(s) for the purpose of our tax assessment appeal. You may release all information concerning my/our appeal of the real estate assessment of the above referenced property(s).

Name:		
Address:		
Phone Number:	Email:	

Signature(s) of Owner(s)		
X:	Date:	
X:	Date:	

NOTE: By your signature hereto, you agree that submission of this form to the BOE in electronic format shall be considered legally binding on you.

Notarization				
State Of:	City/County Of:			
The foregoing was	acknowledged before me this	day of	, 2021.	
Notary Signature:				

Registration #:	Commission Expires:
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