

Account Number: _____

AUTHORIZATION TO APPOINT AGENT

(Please fill out a separate authorization for each business)

I, _____
Name Title

of _____ located at _____
Business Name business location

do hereby authorize _____
Agent

to access Annual Returns filed on behalf of my business. I understand this authorization must be filed yearly.

Dated: _____

Signature

Email Address (required)

Phone Number (required)

State of
County of

Subscribed and sworn to before me this ____ day of _____,
_____.

Notary Public
My Commission expires:

For Assessment use only:

- Agent's ID verified. Copy retained for file
- Agent known personally by me.

Dated: _____

Assessment Personnel