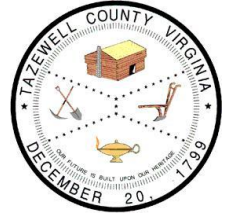




**TAZEWELL COUNTY, VIRGINIA**  
**David R. Anderson, Commissioner of the Revenue**  
 101 E. Main Street, Suite 201, Tazewell VA 24651  
 Phone: 276-385-1235 Fax: 276-988-5221



## LETTER OF AUTHORIZATION

FEID/SSN#: \_\_\_\_\_

Business Name: \_\_\_\_\_

I hereby authorize any representative of the Office of the Commissioner of the Revenue for Tazewell County to discuss any information with or request any documentation from \_\_\_\_\_, (Name of authorized Agent) in order to verify and or process local tax liabilities for the above taxpayer.

Documentation may be in any form (i.e. hard copy, e-mail, facsimile, etc.).

\_\_\_\_\_  
 (Signature & Title of Owner / Officer) \_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Print Name & Title)

City/County of \_\_\_\_\_

Commonwealth of Virginia

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by

\_\_\_\_\_  
 (Name of person seeking acknowledgement)

*Notary Seal*

\_\_\_\_\_  
 (Notary Public's signature)

Notary registration number: \_\_\_\_\_

My commission expires: \_\_\_\_\_