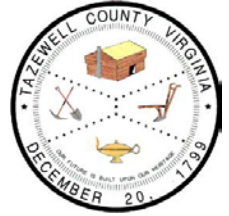




TAZEWELL COUNTY, VIRGINIA
David R. Anderson, Commissioner of the Revenue
 135 Court Street, Suite 301, Tazewell VA 24651-0020
 Phone: 276-385-1235 Fax: 276-988-5221



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: _____