



County of Volusia

VALUE ADJUSTMENT BOARD

123 West Indiana Avenue, Suite 304
DeLand, Florida 32720 (386)740-5164
Fax: (386)626-6628

Value Adjustment Board Letter of Authorization

Petition No. _____ **Parcel No.** _____ **Date** _____

The Department of Revenue (Florida Administrative Code, Chapter 12D-9.018(4)), requires that a petition filed by an unlicensed agent must be signed by the taxpayer or must include written authorization from the taxpayer.

It is hereby acknowledged that this letter shall serve as said authorization, allowing the following person, being _____, to represent me in any and all capacity before the Volusia County Value Adjustment Board.

This authorization form is hereby binding and shall be in full force and effect for the current petition filing year or until written notice of termination is issued by me, whichever occurs first.

Petitioner's Signature(s): _____

Petitioner's Address: _____

Telephone: _____

NOTARY ACKNOWLEDGMENT

State of Florida, County of Volusia

On this ____ day of _____, _____ before me, personally appeared _____, Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) hereby subscribed within this instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)