**AR 11** **Nassau County, New York • Assessment Review Commission** **2017-18**

**www.nassaucountyny.gov**

# AUTHORIZATION TO REPRESENT AN ENTITY, FIDUCIARY OR ATTORNEY-IN-FACT

IN AN APPLICATION FOR CORRECTION OF PROPERTY TAX ASSESSMENT

The individual or entity for which I am authorized to act owns the listed property or otherwise bears responsibility for payment of the taxes. I have signed this form on the date indicated to authorize the individual or firm named below to act as the taxpayer’s *representative* in an application filed during the period **January 4, 2016 to March 1, 2016**. I authorize the Assessment Review Commission to communicate directly with the named representative in all matters relating to the application.

###### Name of taxpaying entity or individual

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name, title and business address of person signing this authorization for the taxpayer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My capacity is**  A  Attorney-in-fact (POA) B  Member or manager of a limited liability company taxpayer (LLC)

C  General partner of taxpayer D  Officer of a corporate taxpayer E  Qualified fiduciary for taxpayer

F  Officer of taxpayer’s corporate\* member or partner G  Officer of condominium association

H  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Name of corporation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional authorizations** (if checked):

 Administrative proceeding to review village or city assessment for 2016-17

 Administrative proceeding to review village or city assessment for 2017-18

 Judicial proceeding to review assessment under Article 7 of the Real Property Tax Law for 2016-17

 Judicial proceeding to review assessment under Article 7 of the Real Property Tax Law for 2017-18

List all tax parcels for which authorization is given.  Check here if lots are listed on an attachment.

###### Parcel number (section, block, lot, bldg, unit) house # and street or description

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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###### Number of pages attached \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This authorization is valid only when dated and signed.

**🡺\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🡺\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature for applicant-taxpayer**  **Date signed**

If I sign as an attorney-in-fact, I certify that my power of attorney remains in effect, I have attached a photocopy of the power, and listed the name and address of my grantor here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**File a dated and signed original of this form between January 4, 2016 and March 1, 2016.**