

**AUTHORIZATION TO REPRESENT AN INDIVIDUAL TAXPAYER  
IN AN APPLICATION FOR CORRECTION OF PROPERTY TAX ASSESSMENT**

**The undersigned CERTIFIES that they are an aggrieved party within the meaning of the Real Property Tax Law and hereby authorizes the below representative to file with the Nassau County Assessment Review Commission**

Tax Year 2023/24 Representative Name \_\_\_\_\_ Rep # \_\_\_\_\_

Aggrieved party \_\_\_\_\_ Relationship to property \_\_\_\_\_  
(i.e. Owner, Tenant, Contract Vendee)

By: Signature \_\_\_\_\_ Title (if applicable) \_\_\_\_\_  
(i.e. President, Member, Trustee)

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Parcel Id \_\_\_\_\_ Property address \_\_\_\_\_