Nassau County, New York • Assessment Review Commission
www.nassaucountyny.gov

AUTHORIZATION TO REPRESENT A RELATIVE OR FRIEND
IN AN APPLICATION FOR CORRECTION OF PROPERTY TAX ASSESSMENT
(To be used by a non-registered representative)

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

The contact person filing the application must fill out lines 1,2,3,4,5.

1-Tax Year_____

2-Name of the Contact Person _____

3-Relationship to property owner_____
(i.e. daughter, son, friend, neighbor, parent)

4-Parcel ID/Section, Block, Lot _____ 5-Property Address _____

The property owner must fill out lines 6,7,8,9. Must be dated at the time of signing.

6-Signature of Property Owner _____ 7-Date_____

8-Printed Name _____ 9-Check one: ☐ Owner
☐ Other _____