



Contact Person (Optional):

If you wish to authorize the City of Richmond's Finance Department to discuss the information contained in this application with any person other than you [the applicant(s)] and authorize such person to receive information regarding your eligibility for the Tax Relief Program, please complete the section below.

*Please Note: Due to Virginia Code §58.1-3, if no person is named below, the Finance Department staff will not be able to disclose the information contained in this application or supporting documentation to any person other than the applicant(s), unless a notarized power of attorney is provided.*

Authorization:

I, \_\_\_\_\_, authorize the following individual to receive or discuss confidential information pertaining to my application for the Tax Relief Program with the City of Richmond.

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**Name** of Contact Person

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**Address** of Contact Person

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**City**

**State**

**Zip**

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**Telephone Number** of Contact Person

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Applicant Signature

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Date