



CITY OF RICHMOND
DEPARTMENT OF FINANCE
TAX RELIEF FOR THE ELDERLY OR PERSONS WITH DISABILITIES PROGRAM
900 E. BROAD STREET, ROOM 100, RICHMOND, VA 23219
804.646.6015 (OFFICE) TAXRELIEF@RVA.GOV

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.

Name of Authorized Person

Address of Authorized Person

City

State

Zip

Telephone Number of Authorized Person

Applicant Signature

Date

Applicant Address or Parcel#