

**LETTER OF AUTHORIZATION
NOTICE TO PROPERTY OWNERS AND AGENTS/REPRESENTATIVES**

Property owners who wish to be represented by an agent or representative in matters concerning real estate assessments must provide a Letter of Authorization to the Office of the County Assessor.

- 1. The LOA must be addressed to Albemarle County, Office of the County Assessor and may be emailed to our office at countyassessor@albemarle.org.**

- 2. The LOA must identify the property by specifying:**
 - a. The Owner of Record
 - b. The Albemarle County Parcel ID number
 - c. The Assessment Year In Question

- 3. The LOA must identify the agent/representative including their name, address, email address and telephone number**

- 4. The LOA must be signed by the owner of record of the property or if titled in the name of a corporation, it must be signed by an officer of the corporation authorized to act on its behalf. Management companies and other third party signatures are not acceptable.**



LETTER OF AUTHORIZATION

An original of this form must be submitted to the Office of the County Assessor with any application for review of an assessment and request for copies of assessment worksheets or information regarding the assessment of any real estate in the County.

AN AUTHORIZATION MUST BE SUBMITTED FOR THE 2026 TAX YEAR FOR EACH PARCEL

ASSESSMENT YEAR: 2026

Parcel ID: _____ Address: _____

Owner of Record: _____

If Corporation, Authorized Officer Name (Printed): _____

Mailing Address of Owner: _____

City, State, Zip Code: _____

Telephone: _____ Email Address: _____

As owner(s) of the referenced property I(we) hereby appoint the following company or individual to represent me(us) in real estate assessment matters with the Albemarle County Office of the Assessor.

Name of agent or firm: _____

Mailing Address of Agent: _____

City, State, Zip Code: _____

Telephone: _____ Email Address: _____

Is agent or representative rendering opinion of value? Yes No

If yes, please provide the following:

Commonwealth of Virginia Appraisal License Number: _____

Type of License: _____

Owners Signature: _____
(Signature of Authorized Officer if Corporation)

Owner Name Printed or Typed: _____
(Name of Authorized Officer if Corporation)

State _____ City/County _____

The foregoing was acknowledged before me the _____ day of _____ 20_____

Notary Public

My Commission Expires: _____ (Seal)

Notary Registration Number: _____