



County of York  
Real Estate Assessment  
York County, Virginia  
120 Alexander Hamilton Blvd  
P O Box 532  
Yorktown, VA 23690  
757-890-3720 phone  
757-890-4078 fax  
[assessor@yorkcounty.gov](mailto:assessor@yorkcounty.gov)

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

**In accordance with 58.1-3380 of the Code of Virginia, property owners who wish to be represented by an agent or representative in matters concerning real estate assessments must provide a notarized Letter of Authorization to the County of York Real Estate Assessment Office.**

- 1.** The LOA must be an **original** document addressed to County of York, Real Estate Assessment Office.
- 2.** The LOA must identify the property by specifying:
  - a. The Owner of Record
  - b. The York County GPin 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**

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The original of this form must be submitted to the Real Estate Assessment Office for each appeal of an assessment you are requesting.

**Note: AN AUTHORIZATION MUST BE SUBMITTED WITH THE BIENNIAL ASSESSMENT YEAR OF EACH PARCEL**

Assessment Years:

\_\_\_\_\_

Parcel ID: \_\_\_\_\_ Address: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_

City, State, Zip Code: -----

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

As owner(s) of the above referenced property I(we) hereby appoint the following company or individual as our designator in the real estate assessment matter with the York County Real Estate Assessment Office.

Name of agent or firm: \_\_\_\_\_

Mailing Address of agent or firm: \_\_\_\_\_

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: \_\_\_\_\_

Name Printed or Typed: \_\_\_\_\_

State \_\_\_\_\_ City/County \_\_\_\_\_

The foregoing was acknowledged before me the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)