



Sarah K. Webb
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LETTER OF AUTHORIZATION

Business Name: _____

Trade Name: _____

BL Account #: _____ BPP Account #: _____

I hereby authorize any representative of the Commissioner of the Revenue Office, County of York, Virginia to discuss any information with or request any documentation from _____, (Name of authorized agent) in order to verify and or process local tax liabilities for the above taxpayer.

 (Name of Business Owner/Officer – please print) (Title)

If submitting by the DOCUMENT PORTAL, you must initial below, which will be the equivalent of your signature. If submitting by MAIL, this form must be signed. This form cannot be accepted unless you initial or sign below.

Owner/Officer Initials: _____ Date: _____ Email: _____

Owner/Officer Signature: _____ Date: _____ Phone #: _____

(It is recommended that you PRINT and/or SAVE a copy for your records)

To submit this form through the document portal, please save your completed form and upload it [here](#).