



## CONFIDENTIAL INFORMATION AUTHORIZATION

You may use this form to grant your representative access to confidential information in the hands of the Property Appraiser of Miami-Dade County.

| <b>COMPLETED BY TAXPAYER</b>  |              |
|---|--------------|
| <p>I, _____ (owner's name), appoint _____ (agent's name) as my representative to act on my behalf before the the Property Appraiser of Miami-Dade County.</p> <p><input type="checkbox"/> I also authorize the person I appointed above to have access to confidential information related to the following folio.</p> <p>This written authorization is effective immediately and is valid only for one assessment year. This written authorization is limited to the 20_____ assessment year concerning the folio below.</p> <p>Please complete one form per folio.</p>                |              |
| Folio Number<br><b>(required)</b>   |              |
| Agenda Number (if available)  |              |
| This written authorization is further limited as follows:   |              |
| Pursuant to § 92.525 of the Florida Statutes, under penalties of perjury, I declare that I have read the foregoing Authorization form and the facts stated in it are true.  |              |
| Executed on this _____ day of _____, 20_____  |              |
| _____   | _____        |
| Signature of Taxpayer   | Title        |
| _____   | _____        |
| Print Name  | Phone Number |
| <p><b><u>For Agent Use:</u></b></p> <p>By signing below, I acknowledge that I _____ (agent name) am authorized by the declarant named above to represent him/her before the Property Appraiser of Miami-Dade County and to receive this declarant's confidential information from the Property Appraiser</p> <p>Executed on this _____ day of _____, 20_____</p> <p>_____</p> <p style="text-align: center;">Signature of Agent</p> <p>_____</p> <p style="text-align: center;">Print Name</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Phone Number</p> |              |