



**CONFIDENTIAL INFORMATION AUTHORIZATION**

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

<b>COMPLETED BY TAXPAYER</b>	
<p>I, _____ (owner's name), appoint _____ (agent's name) as my representative to act on my behalf before the Miami-Dade County Office of the Property Appraiser.</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>	
<b>Folio Number (required)</b>	
<b>Agenda Number (if available)</b>	
This written authorization is further limited as follows:	
<p>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.</p> <p>Executed on this _____ day of _____, 20_____</p>	
_____	_____
Signature of Taxpayer	Title
_____	_____
Print Name	Phone Number
<p><b><u>For Agent Use:</u></b>            By signing below, I acknowledge that I _____ (agent name) am authorized by the declarant named above to represent him/her before the Miami-Dade County Office of the Property Appraiser and to receive this declarant's confidential information from the Property Appraiser</p> <p>Executed on this _____ day of _____, 20_____</p>	
_____	
Signature of Agent	
_____	
Print Name	Phone Number