**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.

### COMPLETED BY TAXPAYER

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.

☐ I also authorize the person I appointed above to have access to confidential information related to the following folio.

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.

Please complete one form per folio.

<table>
<thead>
<tr>
<th>Folio Number (required)</th>
<th>Agenda Number (if available)</th>
</tr>
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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

**For Agent Use:**

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.

Executed on this____ day of______, 20______

__________________________
Signature of Agent

__________________________ __________________________
Print Name Phone Number

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