



CITY OF NEWPORT NEWS, VIRGINIA
OFFICE OF THE COMMISSIONER OF THE REVENUE
LETTER OF AUTHORIZATION

Account (s) #: _____

Business Name: _____

I hereby authorize any representative of the Office of the Commissioner of the Revenue for the City of Newport News to discuss any information with or request any documentation from _____, in order to verify and or process local tax liabilities for the above taxpayer.

(Name of authorized Agent)

Documentation may be in any form (i.e. hard copy, Internet e-mail, facsimile, etc.).

(Signature & Title of Owner / Officer)

(Date)

(Print Name & Title)