



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

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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)