

Columbia County Assessor
Tax Information Authorization and Power of Attorney for Representation
For Confidential Real and Personal Property Returns

Complete this form to authorize individuals, other than the owners, to request and receive confidential information contained on real and personal property returns. **Information will not be given to anyone whose name is not listed below.** A "Tax Information Authorization and Power of Attorney for Representation" will need to be filed for the current year, even if you filed this form last year.

Real or Personal Property Account No.: _____ Tax Year: _____

Name as shown in Assessor's records: _____

OWNER INFORMATION:

Business Owner Name:		Phone:	
For Corporations, LLCs, LLPs and Partnerships, list the name of each individual partner below:			
Name:		Name:	
Name:		Name:	
Name:		Name:	

AUTHORIZED INDIVIDUALS:

List below all individuals who are authorized to receive confidential information and/or make decisions on your behalf. Be sure to specify the tax year(s) and type of authorization granted.

TIA - Tax Information Authorization allows Columbia County Assessor to disclose confidential information only.

POA - Power of Attorney for Representation allows representative to receive confidential information from the Columbia County Assessor and to make decisions on your behalf.

*If the year(s) are not specified, Columbia County will not disclose any information.

**If POA is selected, individual must meet qualifications under Oregon Revised Statute (ORS) 305.230.

Name	Relationship to Owner	Phone	Tax Years*	Authorization (TIA or POA**)

- I acknowledge the following provision: Actions taken by an authorized representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.
- Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer(s): By signing, I also certify that I have the authority to execute this form.

Print Taxpayer Name: _____ Title: _____

Taxpayer Signature: _____ Date: _____