

# Taxpayer's Authorization for Release of Assessor's Information

Date: \_\_\_\_\_

To: \_\_\_\_\_ County Assessor

From: \_\_\_\_\_

I am the owner of Assessor's Parcel Number (s): \_\_\_\_\_

Property Address: \_\_\_\_\_

I authorize the Assessor to release copies of my records to: **Commercial Loan Corporation** for documents related to the Parent – Child transfer. I authorize the Assessor to release a list of outstanding items needed in order for the Assessor to make a decision on the Exclusion for Reassessment as well as the Letter of Approval granting the Exclusion for Reassessment.

**I / We understand and acknowledge that some of the records requested to be released are, or may be, confidential. By signing this release, I / We understand and acknowledge that the Assessor will not be able to guarantee their confidentiality when it leaves the Assessor's Office.**

**All owners on title must sign this release in order for records to be released by the Assessor.**

\_\_\_\_\_  
Property Owner Name

\_\_\_\_\_  
Property Owner Name

\_\_\_\_\_  
Property Owner Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Signature of Manager, Supervising Appraiser or  
Supervising Auditor – Appraiser (Assessor's Office)

\_\_\_\_\_  
Date