



CONFIDENTIAL INFORMATION AUTHORIZATION

You may use this form to grant your representative access to confidential information in the hands of the Property Appraiser of Miami-Dade County.

COMPLETED BY TAXPAYER

I, _____ (owner's name), appoint _____ (agent's name) as my representative to act on my behalf before the the Property Appraiser of Miami-Dade County.

☐ 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.

Folio Number
(required)

Agenda
Number (if
available)

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 Property Appraiser of Miami-Dade County 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