

**AUTHORIZATION TO REPRESENT AN INDIVIDUAL TAXPAYER
IN AN APPLICATION FOR CORRECTION OF PROPERTY TAX ASSESSMENT**

The undersigned CERTIFIES that they are an aggrieved party within the meaning of the Real Property Tax Law and hereby authorizes the below representative to file with the Nassau County Assessment Review Commission

Tax Year 2024/25 Representative Name _____ Rep # _____

Aggrieved party _____ Relationship to property _____
(i.e. Owner, Tenant, Contract Vendee)

By: Signature _____ Title (if applicable) _____
(i.e. President, Member, Trustee)

Name (printed) _____ Date _____

Parcel Id _____ Property address _____