CONFIDENTIAL INFORMATION AUTHORIZATION

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

<table>
<thead>
<tr>
<th>COMPLETED BY TAXPAYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, _____________________ (name), appoint _____________________ (name) as my representative to present evidence and testimony and act on my behalf in any lawful way before the Miami-Dade County Property Appraiser or Value Adjustment Board.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>I authorize the person I appointed above to have access to confidential information related to the following folio (one authorization form per folio):</td>
</tr>
<tr>
<td>Folio Number</td>
</tr>
<tr>
<td>Agenda Number (if available)</td>
</tr>
</tbody>
</table>

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 Miami-Dade County Property Appraiser or Value Adjustment Board 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

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