ALISHIA TOPPER TREASURER
You can count on us. Since 1850.
www.clark.wa.gov/treasurer
1300 Franklin Street, 2nd floor
PO Box 5000
Vancouver, WA 98666-5000
564.397.2252

# AUTHORIZATION TO PAY PROPERTY TAX AS AGENT OF INTERESTED PARTY PURSUANT TO RCW 84.64.060

Under state law, notarized documentation is required for any person paying property tax as an agent of another person after a Certificate of Delinquency has been issued. Please be advised that if you are not the taxpayer but do have a legal interest in such property, you may be entitled to a lien on the property after paying these taxes. You should consult an attorney regarding your rights and responsibilities before making such a payment.

**TO THE CLARK COUNTY TREASURER:**

Under penalty of perjury, I _____, _____ (title) of _____ (entity) affirm that I am an authorized representative for one of the following (indicate by marking the provision that applies):

___ the taxpayer of record; or

___ a person or entity owning a recorded interest in lands or lots upon which judgment is prayed;

upon the following described property tax delinquency:

Tax Parcel Number _____

upon which property taxes are owed for the tax years _____

at the address commonly known as: _____ .

By my notarized signature below, I authorize (insert authorized person's name)_____ to pay property taxes on my behalf as my agent pursuant to RCW 84.64.060. I understand that a receipt for such payment shall be given to the agent presenting payment to the Treasurer in my name, and it is my responsibility to obtain said receipt from the agent in order to secure any rights I may have under state law.

_____

**Signature of Taxpayer or Interested Party** Date

If Entity, Name and Title of person signing on entity's behalf:_____

State of _____ )
) ss.
County of _____ )

Signed and affirmed before me this _____ day of _____, 20___, by _____, that (he/she) is the _____ (title) of _____ (entity) and is authorized to sign on the entity's behalf, and said person acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

SEAL OF NOTARY PUBLIC

_____
Signature of Notary Public

My appointment expires: _____.

| | |
|---|---|
| TREASURER'S OFFICE USE ONLY | Title Report Check _____<br>How form was received _____<br>Agent's ID Number/Type _____ |