

City of Englewood Income Tax Division Power of Attorney

KNOW ALL MEN BY THESE PRESENT:

That I, _____ of _____
Name of Grantor _____ Address of Grantor

County of _____, State of _____, have made, constituted and appointed,
County _____ State _____

and by this document, do hereby appoint _____
Name of Grantee

of _____ County of _____, State of _____,
Address of Grantee _____ County _____ State _____

(_____) _____, my true and lawful attorney in fact, for me and in my name and stead. I
Phone Number _____

hereby grant unto my said attorney full power and authority to do and perform any and every act and
thing that I might or could do, if personally present. I hereby ratify and confirm all that my said attorney
shall lawfully do or cause to be done by virtue of this **POWER OF ATTORNEY**.

This **POWER OF ATTORNEY** is limited for use at the City of Englewood, Income Tax Department for
the tax year(s) _____ and/or concerning the matter of _____
Tax Year(s) _____ Explain Matter for Grantee to Discuss

I understand that the grantee may be permitted to view my tax record, including filings and income
received, and I further understand that the grantee may sign agreements and/or admit liability on my
behalf. Only the person named in the **POWER OF ATTORNEY**, after proper identification, shall have
the authority given by this document.

IN WITNESS WHEREOF, I have hereto set my hand this _____ day of _____, _____.
Day _____ Month _____ Year _____

Name of Grantor

Be it remembered that the above-named person personally appeared before me, a (notary/attorney) in
and for said County, and acknowledged that (he/she) did sign the foregoing instrument and that the
same is (his /her) voluntary act and deed. In witness whereof, I have subscribed my name and official
seal, this _____ day of _____, _____.
Day _____ Month _____ Year _____

Signature of Notary Public