City of Columbus
Income Tax Division
Limited Power of Attorney

BE IT KNOWN:

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

County of _____ , State of _____ , have made,
County *State*

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

of _____ County of _____ ,
Address *County*

State of _____ , _____ , my true and lawful attorney in fact,
State *Phone Number*

for me and in my name and stead. I 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 limited **POWER OF ATTORNEY**.

This **POWER OF ATTORNEY** is limited for use at the City of Columbus, Income Tax Division. 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