

Town of Silverthorne
 Finance & Municipal Services
 PO Box 1309
 Silverthorne, CO 80498



**POWER OF ATTORNEY
 FOR TOWN ADMINISTERED TAX MATTERS**

License Number	Effective Date
1 Taxpayer Name(s) and Address <i>Taxpayers must sign on reverse side.</i>	
Business Name and dba <i>(if applicable)</i>	
Name as shown on your license	
Physical Address (Number and Street)	
City, State, Zip Code	
Phone Number	
Mailing Address	
City, State, Zip Code	
Email Address	
2 Representative(s) Name(s) and Address <i>Representative(s) must sign on 2nd page.</i> <i>Hereby appoint(s) the following representative(s) as attorney(s)-in-fact</i>	
Name(s)	Silverthorne License # <i>(if applicable)</i>
Address (Number and Street)	
City, State, Zip Code	
Phone Number	Email Address
Name(s)	Silverthorne License # <i>(if applicable)</i>
Address (Number and Street)	
City, State, Zip Code	
Phone Number	
Email Address	

3 Acts Authorized - The representatives are authorized to receive and inspect confidential tax information and records and to perform any and all acts that the taxpayers named above can perform with respect to Town of Silverthorne tax matters. For example, the authority to sign and bind the taxpayer above to agreements, consents, or other documents. The authority does not include the power to receive refund checks or the deleted acts specifically addressed below.

Added or Deleted Acts - List any specific additions or deletions to the acts otherwise authorized in this power of attorney.

4 Retention / Revocation of Prior Power(s) of Attorney - The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Town of Silverthorne, Sales Tax Division for the same tax matters and periods covered by this document. If you do not want to revoke a prior power of attorney, check here:

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT

5 Signature of Taxpayer(s) - If this form is not signed, dated, and titled (if applicable), it is invalid. If tax matters concern a multiple parties, all parties must sign for representation. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, estate administrator or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Signature	Date
Print Name	Title

Signature	Date
Print Name	Title

6 Declaration of Representative - I am authorized to represent the taxpayer(s) identified in number 1 for the tax matter(s) specified.

Signature	Date
Print Name	Title

I represent the taxpayer(s) identified in number 1 as:

- Attorney registration # _____ State Attorney registered in _____
- CPA License # _____ State CPA licensed in _____
- Employee of the taxpayer Property Management _____
- Other, explain _____

Signature	Date
Print Name	Title

I represent the taxpayer(s) identified in number 1 as:

- Attorney registration # _____ State Attorney registered in _____
- CPA License # _____ State CPA licensed in _____
- Employee of the taxpayer Property Management _____
- Other, explain _____

You may send this request via fax this request to (970)262-7312; email to: tax@silverthorne.org

or mail to Attn: Sales Tax Division Town of Silverthorne PO Box 1309 Silverthorne, CO 80498

PLEASE MAKE A COPY FOR YOUR RECORDS