EXHIBIT 4
DATE 1/14/11
HB 16

CONFIDENTIALITY AGREEMENT

_____
Printed Name

_____
Address

_____
Telephone Number

_____
Legal Description or Geocode or Assessor Code

☐ I was the owner of record of the above-identified property on January 1st of tax year _____. I have provided the department with a copy of my photo identification.

- or -

☐ I have been appointed as a taxpayer-agent by the individual who was owner of record of the above-identified property on January 1, of tax year _____. I have provided the Department of Revenue with a copy of the written document of appointment. I have also provided the department with a copy of my photo identification.

I have requested access to the information that is relevant to the appraisal of the above-identified property. I have been advised by the department that some of the documents I may receive contain confidential information. I have been advised and understand that any confidential information I receive will be clearly identified as confidential material. I understand that I may only receive copies of documents that relate to the valuation of my property and that I may not receive copies of documents that were not used to value my property.

I understand that I may not copy any of the documents that have been identified as confidential.

I understand that I may not discuss the contents of any document identified as confidential with any individual, including but not limited to my spouse, family members, co-owners, representatives, or attorneys, who has not signed and filed a Confidentiality Agreement with the department.

I understand that I may not contact, directly or indirectly, any person(s) identified by the confidential property information that is provided to me by the department.

I understand that if I am a taxpayer-agent, I must provide the department with a copy of this Confidentiality Agreement signed by the property owner before I may obtain copies of confidential documents.

I understand that I may use the information I receive in an appeal before the County Tax Appeal Board or the State Tax Appeal Board if an appeal is undertaken. I understand that I must advise the Board that I intend to use confidential material and ask the Board to close the hearing before I offer the information at the hearing.

I agree, under penalty of law, that I will not reveal, to any person, any confidential information contained in the documents I receive from the department, except at a tax appeal board or court hearing on my appeal. I agree that I will not copy or disseminate the documents I receive except for use in my tax appeal. I agree to abide by all procedures adopted by the County Tax Appeal Board, the State Tax Appeal Board, or any court regarding information confidentiality.

If I am the taxpayer-agent for the owner of record, I agree to provide the Department of Revenue with written proof of my representation of the owner of record. Further, as the taxpayer-agent for the owner of record, I agree that I will, prior to sharing confidential information with that owner, ensure the owner has signed the Confidentiality Affidavit.

DATED this _____ day of _____, 20_____.

_____

Signature

For Office Use Only

Date Received _____ Received By _____

Identification Received: _____ Copy provided _____