Pierce County

Office of the Assessor-Treasurer
2401 South 35th Street, Room 142
Tacoma, Washington 98409-7498
www.piercecountywa.org/atr

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 may wish to consult an attorney regarding your rights and responsibilities before making such a payment.

TO THE PIERCE COUNTY ASSESSOR-TREASURER:

Under penalty of perjury, I _____, affirm that I am one of the following (indicate by marking the provision that applies):

☐ the taxpayer of record; or

☐ a person or entity owning an 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 Assessor-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 _____)

I certify that I know or have satisfactory evidence that the taxpayer or interested party above Is the person who appeared before me, and said person acknowledged that (he/she) signed this Instrument and acknowledge it to be (his/her) free and voluntary act for the uses and purposes Mentioned in the instrument.

SEAL OF NOTARY PUBLIC

Sworn to before me this _____ day of _____, 20____.

_____

Signature of Notary Public

My appointment expires: _____

ASSESSOR-TREASUERER OFFICE USE ONLY	☐ Title Report Vesting Verified ☐ Additional Documentation Required and Attached Reviewed by: _____