



Office of Assessment and Taxation
CONFIDENTIALITY WAIVER AUTHORIZATION
535 NE 5th St, Rm 42, McMinnville, OR 97128
Phone: 503-434-7521 • Fax: 503-434-7352

Due to disclosure laws of this state, this taxing jurisdiction will not be able to forward by mail, fax, email or provide anyone confidential information reported to this taxing jurisdiction on a Confidential Personal Property Return or Real Property Return without written permission of authorized agent, representative, corporate officer or owner of the reported property. See ORS 308.290(7)

I, the undersigned and verified owner of record, hereby request the Yamhill County Assessor to permit the authorized individual named below to view the confidential records (pursuant to ORS 308.290 (11)(a)) on file with the Assessor with the corresponding PIN and Account Numbers listed below and to have access going forward. **I understand this is due to an ownership change and I will be removed from the account if the situation applies. This form will grant access to my existing asset list for the new owners use.**

Buyer's Name and Business Name: _____
Print or Type Name of the Authorized Individual

Current Business Name

PIN # & Account Number

New Owner's Preferred Mailing Address

All tax years Specific Tax years

I acknowledge that the Assessor assumes no responsibility for this waiver and all conditions and restrictions to this waiver have been fully explained by me and are included with this request.

This waiver will allow the authorized individual to make copies of confidential records for the year(s) indicated, change mailing addresses or extend the authorization to another party. Further, it allows the Assessor to change the ownership and establish the buyer as the new taxable party.

Name of Seller Seller Signature Date Signed

The authorized individual or business entity is the person to whom you are granting access to your confidential records. Should you want more than one person to have access to your confidential records, you will need to complete a confidentiality waiver for each person.

Conditions and Restrictions: *If there are conditions and restrictions to this waiver, you must put them in writing and attach to this form. Restrictions and conditions may pertain to specific years, type of information, date authorization terminates, etc.*