

Francis X. King
Commissioner of the Revenue
Post Office Box 15285
Chesapeake, Virginia 23328

**SPECIAL POWER OF ATTORNEY
Real Estate Tax Relief for Disabled or Senior Citizens**

KNOW ALL MEN BY THESE PRESENTS, THAT I, _____, of
Applicant's Full Name
_____, Chesapeake, Virginia, do hereby make, constitute and appoint
Applicant's Residence (Street Address)
_____ of _____,
Named Attorney-in-Fact's Full Name Named Attorney-in-Fact's Residence (Street Address)
_____, _____, as my true and lawful attorney-in-fact, for me and in my name, place and
City State
stead, to complete and/or sign *only* those forms and documents required for me to apply for the City of
Chesapeake's Real Estate Tax Relief Program for Disabled or Senior Citizens.

This *Power of Attorney* instrument shall not terminate on disability, incompetence or incapacity on my part, and all acts done by my attorney-in-fact pursuant to this power during such disability, incompetence or incapacity shall bind me as fully as if I were not subject to such disability. I hereby ratify and confirm all lawful acts done by my named attorney-in-fact concerning the City of Chesapeake's Real Estate Tax Relief Program for Disabled or Senior Citizens by virtue hereon. This Special Power of Attorney can be terminated by the applicant remitting a signed statement to the Chesapeake Commissioner of the Revenue's Office.

By signing below, I indicate that I am emotionally and mentally competent to make this document, and that I understand the purpose and effect of this instrument.

Signature of Appointor

NOTARY PUBLIC

STATE OF VIRGINIA

CITY/COUNTY OF _____, to-wit:

Subscribed and sworn to me, the undersigned Notary Public, on this _____ day of _____, _____.

Notary Public

Notary Registration #: _____

My commission expires: _____