



**Kittitas County**  
**Office of the County Treasurer**  
Amy Cziske, Treasurer

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**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 should consult an attorney regarding your rights and responsibilities before making such a payment.

**TO THE KITITITAS COUNTY TREASURER:**

Under penalty of perjury, I \_\_\_\_\_

If entity include: \_\_\_\_\_ (title) of \_\_\_\_\_ (entity)

affirm that I am an authorized representative for one of the following:

\_\_\_ the taxpayer of record; or

\_\_\_ a person or entity owning a recorded interest in lands or lots upon which judgment is prayed;

upon the following described property tax delinquency:

Parcel number(s) \_\_\_\_\_ for the tax years \_\_\_\_\_

at the address: \_\_\_\_\_

By my notarized signature below, I authorize \_\_\_\_\_ 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 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 include: \_\_\_\_\_ (title) of \_\_\_\_\_ (entity)

State of \_\_\_\_\_ )

) ss,

County of \_\_\_\_\_ )

Signed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, authorized to sign on behalf of the entity if one is so noted, and said person acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

**SEAL OF  
NOTARY  
PUBLIC**

Signature of Notary Public

My appointment expires: \_\_\_\_\_

**TREASURER'S  
OFFICE USE ONLY**

ID Number/Type of Agent \_\_\_\_\_

Title Report Checked: Yes / No

How form was received: Counter / Mail / Drop Box / Email