



# Form OR-EA, Email Authorization

Name		Title
Business name		FEIN -
Business address		
City	State	ZIP
Authorized email		Phone ( ) -

I authorize the Property Tax Division of the Oregon Department of Revenue to contact me via email regarding Industrial Property Return information. I authorize email exchange of confidential information for this return and any future returns. I certify that I have the authority to execute this authorization. This form is effective on the date signed and can only be terminated with a written revocation notice.

Signature X	Date / /
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Return this signed form to us at **IPR@oregon.gov** or mail it to: **Property Tax Division**  
Department of Revenue  
PO Box 14600  
Salem OR 97301-5049