

Power of Attorney (委任状)

(Attention) Mayor of Ageo city

_____ (y) (m) (d)

Current address of the applicant
(請求者の現住所)

Name
(氏名)

_____ seal

Date of birth
(生年月日)

_____ (y) (m) (d)

Phone number
(電話番号)

_____ - _____

Address when living in Ageo
(Address on the tax base day)
(課税基準日の住所)

Ageo-shi

Last name of the applicant when living in Ageo city
* Please fill in if current last name is different.

I, applicant, hereby designate the representative stated below as my attorney with full authority to apply for and receive the following certificate(s):

1 A copy of a certificate of residence etc. (住民票の写し等)

- All the household members (世帯のもの)
- Individual (個人のもの) →
- A copy of a deleted residence record (除票) →
- A proof of registered items (記載事項証明書)

If you check the box " Individual " or " A copy of a deleted residence record ", please specify the name of individual.

個人または除票の場合は、必要な方の氏名を記入してください。

Circle number(s) if item(s) need(s) to be indicated in the Certificate of Residence.

住民票に下記の記載が必要な場合は番号に○をしてください。

- 1 Registered Domicile (Head of Family) 本籍 (筆頭者)
- 2 Relationship (Name of Head of Household) 続柄 (世帯主)
- 3 Resident Record Code 住民票コード
- 4 Individual Number 個人番号 (マイナンバー)
- 5 Nationality and Resident status, etc 国籍在留資格等 (外国人選択項目)

2 Certificate of Taxation (tax exemption) (課税 (非課税) 証明書)

- The recent (最新年度のもの) _____ Year (年度)

3 Certificate of tax payment (納税証明書)

- The recent (最新年度のもの) _____ Year (年度)

* Circle the necessary tax item(s). 必要な税目に○をしてください。

Municipal and Prefectural Tax (市・県民税) / Light Vehicle Tax (軽自動車税)

Premiums of National Health Insurance (国民健康保険税)

Fixed Asset Tax and City Planning Tax (固定資産税・都市計画税)

Address of the representative
(代理人の住所)

Name
(氏名)

Relationship to the applicant
(請求者との関係)

- 1. Family () 2. Agency 3. Workplace 4. Other()
- 1. 親族 2. 代理人 3. 職場 4. その他

Date of birth
(生年月日)

_____ (y) (m) (d)

Objective of usage, Submission destination
(使用目的、提出先)
