AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

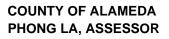
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

A	UTHORIZATION OF AGENT		DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.	
~		1 1	DESIGNATION OF CALL ONNIA ATTORNET, STATE DAK NO	

The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	C	COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP COE	DE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSO	ONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBEF	?
A list consisting of additional p and/or the account/assessment number for				arcel Number for each pa	arcel of real property
AUTHORITY					
This agent is delegated full authority to han materials that would be available to the und		ment matter	rs with your office. Ag	ent shall have access to a	all information and
Other (please specify)					
DURATION OF AUTHORITY					
This authorization is valid until (date):					
This authorization is valid for the calendar y	ear 20	only	у.		
This authorization is valid for a period of ne unless revoked in writing or terminated by c			rs from the date of e	xecution of this authorize	ation as indicated below,
		CERTIFI	CATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibili acknowledges they may be required to furnish agent.	of the owners ty for any an	s of said p d all actio	property. The undersigns this agent makes	ned acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		
PLEASE KE	ΕΕΡΑ COPY	Y OF THI	S FORM FOR YOU	JR RECORDS	





1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803 www.acgov.org/assessor

AGENT AUTHORIZATION MULTIPLE PROPERTY LIST

Owner Name						
Agent Name						
For Real Property:	For Personal Property:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
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