## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

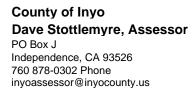
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

|  | AUTHORIZATION OF AGENT | DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR 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  |                          |                  | COMPANY NAME                           |                   |   |   |  |
|---|--------------------------|------------------|--|-------------------|---|---|--|
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)   |                          |                  |  | EMAIL ADDRESS     |   |   |  |
| CITY  | STATE ZIP (              | CODE             | DAYTIME TELEP                          | HONE              | ALTERNATE TELEPHONE                             | FAX TELEPHONE   |  |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER   |                          |                  | PERSONAL PROPERT                       | Y: ACCO           | UNT/ASSESSMENT NUMBER                           | 2   |  |
| A list consisting of additional particular additional particular and/or the account/assessment number for   |                          |                  |  | ssor's Pa         | arcel Number for each pa                        | rcel of real property                                 |  |
| AUTHORITY   |                          |                  |  |                   |   |   |  |
| This agent is delegated full authority to hand<br>materials that would be available to the und  |                          | ssment           | t matters with your of                 | ffice. Age        | 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.                                  |                   |   |   |  |
| This authorization is valid for a <b>period of no</b><br>unless revoked in writing or terminated by o   |                          |                  | (2) years from the d                   | <u>ate of e</u>   | <b>xecution</b> of this authorize               | ation as indicated below,                             |  |
|   |                          | CE               | RTIFICATION                            |                   |   |   |  |
| The undersigned certifies that they own, posses<br>to designate an agent to act on behalf of all<br>designated agent and retains full responsibilit<br>acknowledges they may be required to furnish<br>agent. | of the own<br>ty for any | ers of<br>and al | said property. The lactions this agent | undersig<br>makes | ned acknowledges deleg<br>on behalf of the owne | gation of authority to the<br>r. The undersigned also |  |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER   |                          |                  | TELEPI                                 | HONE NUI          | MBER  |   |  |
| PRINT NAME  |                          |                  | TITLE                                  |                   |   |   |  |
| EMAIL ADDRESS   |                          |                  | DATE                                   |                   |   |   |  |
| PLEASE KE   |                          |                  | F THIS FORM FC                         | OR YOU            | JR RECORDS                                      |   |  |





CHORSE

## 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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