EF-FC03-R01-0314-17000557-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

## 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.

| ION OF CALIFORN   | NIA ATTORNE  | , STATE BAR NO  |  |
|---|--|---|--|
|   |  |   | v listed below and, if   |
| COMPANY NAME  |  |   |  |
|   |  |   |  |
|   |  | EMAIL ADDRESS   |  |
| CODE DAYTIM   | E TELEPHONE  | ALTERNATE TELEPHONE ( )   | FAX TELEPHONE  |
| PERSONAL P  | ROPERTY: ACCO  | UNT/ASSESSMENT NUMBER   | R  |
|   |  | arcel Number for each pa  | arcel of real property   |
|   |  |   |  |
| ssment matters with   | your office. Age   | ent shall have access to  | all information and  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
| only.   |  |   |  |
|   | n the date of e  | <b>xecution</b> of this authoriz  | ation as indicated below,  |
| CERTIFICATI   | ON   |   |  |
| ners of said property<br>and all actions this                               | y. The undersig<br>s agent makes   | ned acknowledges dele<br>on behalf of the owne  | gation of authority to the<br>er. The undersigned also   |
|   | TELEPHONE NUM  | MBER  |  |
|   | TITLE  |   |  |
|   | DATE   |   |  |
| ans and ans and ans and ans ans and ans | proposed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper and all actions this sed, controlled or manage the proper sed, controlled or manage the sed, controlled or manage the sed, controlled or manage the sed, controlled or | project property referenced in assessment and all actions this agent makes information which the Assessor makes in information which the Assessor makes information which the Assessor makes in information which | PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER  s attached. Include the Assessor's Parcel Number for each paness name and address.  essment matters with your office. Agent shall have access to only.  an two (2) years from the date of execution of this authorize flaw.  CERTIFICATION  or manage the property referenced in this authorization and the rand all actions this agent makes on behalf of the owner of information which the Assessor may request directly from the times of the owner of the control of the same of the times of the owner of the control of the times of the owner of the times of the owner of the times of the owner of times of the owner of times of the times of times of times of the times of times o |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-17000557

## 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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