## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

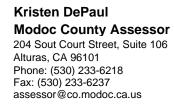
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	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		COM	PANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS		
CITY	STATE Z	ZIP CODE	DAYTIME 1	ELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PRO	PERTY: ACCO	UNT/ASSESSMENT NUMBER	2
A list consisting of additional p and/or the account/assessment number for					arcel Number for each pa	rcel of real property
AUTHORITY						
This agent is delegated full authority to han materials that would be available to the uncompared on the second			t matters with yo	our 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.			
This authorization is valid for a <b>period of n</b> unless revoked in writing or terminated by o			(2) years from t	the date of e	execution of this authorize	ation as indicated below,
		CE	RTIFICATIO	N		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	ss, contro of the o ity for ai h additior	ol or mana wners of ny and a nal inform	age the property said property. Il actions this a ation which the	referenced i The undersig agent makes Assessor m	n this authorization and th gned acknowledges dele on behalf of the owne ay request directly from a	at they have the authority gation of authority to the r. The undersigned also the owner or through the
SIGNATURE OF OWNER, PARTNER, OR OFFICER			Т	ELEPHONE NU	MBER	
PRINT NAME			Т	ITLE		
EMAIL ADDRESS			C	DATE		
PLEASE KI	EEP A C	COPY O	F THIS FORM	I FOR YO	UR RECORDS	







## 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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