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.



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

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	YNAME					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS			
CITY	STATE ZIP CO	DDE	DAYTIME TELEP	HONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE		
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PE	RSONAL PROPERT	'Y: ACCOUI	NT/ASSESSMENT NUMBEF	2		
A list consisting of additional p and/or the account/assessment number for				ssor's Par	cel 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		sment ma	atters with your of	ffice. Agen	it 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 period of n unless revoked in writing or terminated by c			years from the d	ate of exe	ecution of this authoriza	ation as indicated below,		
		CERT	IFICATION					
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.	of the owne ity for any a	rs of sai nd all ad	d property. The ctions this agent	undersign makes d	ed acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also		
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPI	HONE NUME	BER			
PRINT NAME			TITLE					
EMAIL ADDRESS			DATE					
PLEASE KI	EEP A COP	Y OF T	HIS FORM FC	OR YOU	R RECORDS			



AGENT AUTHORIZATION MULTIPLE PROPERTY LIST

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