AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

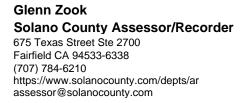
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

l		AUTHORIZATION OF AGENT		DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.	
-	_	1	_		

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 NA	AME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP COL	DE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERS	ONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBER	2
A list consisting of additional pr and/or the account/assessment number for a				arcel Number for each pa	rcel of real property
AUTHORITY					
This agent is delegated full authority to hand materials that would be available to the under		ment matte	rs with your office. Ag	ent shall have access to a	Ill information and
Other (please specify)					
DURATION OF AUTHORITY					
This authorization is valid until (date):					
This authorization is valid for the calendar ye	ear 20	onl	ly.		
This authorization is valid for a period of no unless revoked in writing or terminated by op			rs from the date of e	xecution of this authoriza	ation as indicated below,
		CERTIF	ICATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibilit acknowledges they may be required to furnish agent.	s, control or m of the owners y for any an additional inf	nanage the s of said p d all actio formation v	property referenced in property. The undersig ons this agent makes which the Assessor m	n this authorization and th gned acknowledges deleg on behalf of the owne ay request directly from t	at they have the authority gation of authority to the r. The undersigned also he owner or through the
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		
PLEASE KE	_	-	S FORM FOR YOU	JR 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:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					

