## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

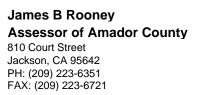
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

| Γ | 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<br>MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)   |  |  | COMPANY NAME  |  |  |   |  |
|---|--|--|---|--|--|---|--|
|   |  |  |   |  | EMAIL ADDRESS  |   |  |
| CITY  | STATE  | ZIP CODE   | DAYTIME TE  | LEPHONE  | ALTERNATE TELEPHONE ( )  | FAX TELEPHONE   |  |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER   |  |  | PERSONAL PROF   | ERTY: ACCO   | DUNT/ASSESSMENT NUMBER   | 5   |  |
| A list consisting of additional and/or the account/assessment number for  |  |  |   | ssessor's P  | arcel Number for each pa   | arcel of real property  |  |
| AUTHORITY   |  |  |   |  |  |   |  |
| This agent is delegated full authority to har materials that would be available to the un-  |  |  | nt matters with you   | ır 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  | year 20  |  | only.   |  |  |   |  |
| This authorization is valid for a <b>period of r</b><br>unless revoked in writing or terminated by  |  |  | (2) years from th   | e date of e  | execution of this authoriz   | ation as indicated below,   |  |
|   |  | CE   | ERTIFICATION  |  |  |   |  |
| The undersigned certifies that they own, posse<br>to designate an agent to act on behalf of al<br>designated agent and retains full responsibi<br>acknowledges they may be required to furnis<br>agent. | ss, conti<br>I of the<br>lity for a<br>h additic | rol or mana<br>owners of<br>any and a<br>onal inform | age the property r<br>f said property. T<br>all actions this ag<br>nation which the A | eferenced i<br>he undersig<br>gent makes<br>Assessor m | n this authorization and th<br>gned acknowledges dele<br>s on behalf of the owne<br>ay request directly from | at they have the authority<br>gation of authority to the<br>r. The undersigned also<br>the owner or through the |  |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER   |  |  | TE  | LEPHONE NU   | MBER   |   |  |
| PRINT NAME  |  |  | רוד   | ΊΕ   |  |   |  |
| EMAIL ADDRESS   |  |  | DA  | TE   |  |   |  |
| PLEASE K  | EEP A  | COPY O   | )F THIS FORM  | 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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