EF-FC03-R01-0314-03000673-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

## 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	ON OF CALIFORN	IA ATTORNEY	, STATE BAR NO	
The below named person is hereby authorized to act on my/applicable, on the attached list, which are owned, possessed				y listed below and, if
AGENT NAME	COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS	
CITY STATE ZIP CO	ODE DAYTIMI	E TELEPHONE	ALTERNATE TELEPHONE ( )	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERSONAL PR	ROPERTY: ACCOU	NT/ASSESSMENT NUMBE	R
A list consisting of additional properties is a and/or the account/assessment number for each business.			rcel Number for each pa	arcel of real property
AUTHORITY				
This agent is delegated full authority to handle all assess materials that would be available to the undersigned.		-		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 <u>period of no more than</u> unless revoked in writing or terminated by operation of la		the date of ex	<b>ecution</b> of this authoriz	ration as indicated below,
	CERTIFICATION	ON		
The undersigned certifies that they own, possess, control or to designate an agent to act on behalf of all of the owne designated agent and retains full responsibility for any a acknowledges they may be required to furnish additional in agent.	and all actions this	agent makes	on behalf of the owne	er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NUM	BER	
PRINT NAME		TITLE		
EMAIL ADDRESS		DATE		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR 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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