AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

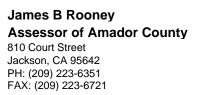
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

Γ	AUTHORIZATION OF AGENT	DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.
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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.

	() PERSONAL PRO	ssessor's P	EMAIL ADDRESS ALTERNATE TELEPHONE () UNT/ASSESSMENT NUMBEF arcel Number for each pa	
perties is attac	() PERSONAL PRO	PERTY: ACCO	() UNT/ASSESSMENT NUMBER	() २
	ched. Include the A	ssessor's P		
			arcel Number for each pa	arcel of real property
	ent matters with yc	ur office. Ag	ent shall have access to a	all information and
	_			
r 20	only.			
		<u>ne date of e</u>	execution of this authorize	ation as indicated below,
C	CERTIFICATION	I		
control or ma the owners for any and dditional infor	nage the property of said property. all actions this a rmation which the	referenced ir The undersig gent makes 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 the owner or through the
	Т	ELEPHONE NU	MBER	
	т	TLE		
	D	ATE		
P A COPY	OF THIS FORM	FOR YOU	UR RECORDS	
	r 20 nore than tw ration of law. (control or ma the owners for any and dditional infor	signed. r 20 only. nore than two (2) years from the ration of law. CERTIFICATION control or manage the property of the owners of said property. The owners of said property of the owners of said property. The owners of said property. The owners of said property of the owners of said property. The owners of said property of the owners of said property. The owners of said property of the owners of said property. The owners of said property. The owners of said property. The owners of said property of the owners of said property. The owners of said property of the owners of said property. The owners of said property of the owners of the property. The owners of said property. The owners of the property of the owners of the owners of the property. The owners of the owners of the owners of the owners of the property. The owners of the property of the owners of the property. The owners of the property of the owners of the property. The owners of the property of the owners of the property. The owners of the property of the owners of the property of the owners of the property. The owners of the property of the owners of the property of the owners of the property. The owners of the property of the owners of the property of the property. The owners of the property of the property of the property. The owners of the property of the property of the property of the property of the property. The owners of the property of the	e all assessment matters with your office. Ag signed. r 20 only. nore than two (2) years from the date of e ration of law. CERTIFICATION control or manage the property referenced in the owners of said property. The undersig for any and all actions this agent makes dditional information which the Assessor m TELEPHONE NU TITLE DATE	r 20 only. nore than two (2) years from the date of execution of this authorization of law. CERTIFICATION control or manage the property referenced in this authorization and the the owners of said property. The undersigned acknowledges deleges for any and all actions this agent makes on behalf of the owner dditional information which the Assessor may request directly from the telephone number of the telephone number of the telephone number of the telephone number of telep





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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