EF-FC03-R01-0314-06000333-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932

(530) 458-0450

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 | N 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 | DAYTIMI | TELEPHONE | ALTERNATE TELEPHONE () | FAX TELEPHONE |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER | PERSONAL PR | ROPERTY: ACCOU | NT/ASSESSMENT NUMBE | ER. |
| A list consisting of additional properties is a and/or the account/assessment number for each business | | | cel Number for each p | arcel of real property |
| AUTHORITY | | | | |
| This agent is delegated full authority to handle all assess materials that would be available to the undersigned. | sment matters with | your office. Ager | nt shall have access to | 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 period of no more than unless revoked in writing or terminated by operation of la | | the date of ex | ecution of this authoriz | zation 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. | ers of said property and all actions this | The undersign agent makes | ed acknowledges dele on behalf of the own | egation of authority to the er. The undersigned also |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | | TELEPHONE NUME | BER | |
| PRINT NAME | | TITLE | | |
| EMAIL ADDRESS | | DATE | | |

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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AGENT AUTHORIZATION MULTIPLE PROPERTY LIST

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