AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

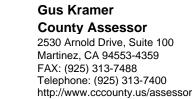
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	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		COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP CO	DDE	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 p and/or the account/assessment number for				arcel Number for each pa	arcel of real property
AUTHORITY					
This agent is delegated full authority to han materials that would be available to the unc		ment matte	ers with your 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 y	/ear 20	on	ly.		
This authorization is valid for a period of n unless revoked in writing or terminated by c	o more than to operation of la	two (2) yea w.	ers from the date of e	xecution of this authorize	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 responsibili- acknowledges they may be required to furnish agent.	of the owner itv for anv ar	rs of said µ nd all actio	property. The undersions this agent makes	gned acknowledges deleged on behalf of the owned	gation of authority to the r. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		
PLEASE K	EEP A COP	Y OF THI	S 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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