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 ZIF	P CODE	DAYTIME 1	ELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
			()		()	()	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER					
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 und		essment	t matters with yo	our 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	/ear 20		only.				
This authorization is valid for a period of n unless revoked in writing or terminated by o	o more the operation o	<u>an two (</u> f law.	(2) years from t	the date of e	xecution of this authoriz	ation as indicated below,	
		CE	RTIFICATIO	N			
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	of the ow itv for any	ners of and a	said property. Il actions this a	The undersignation of the second s	gned acknowledges dele on behalf of the owne	gation of authority to the r. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			Т	ELEPHONE NU	MBER		
PRINT NAME			Т	TTLE			
EMAIL ADDRESS			C	DATE			
PLEASE KI	EEP A CO	OPY O	F THIS FORM	I 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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