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. |
|-----|------------------------|---|
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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.

| AGENT NAME | | | COMPANY NAME | | | | |
|---|---------------------------|------------------|-------------------|-----------------------------|---|---|--|
| | | | | | | | |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) | | | | EMAIL ADDRESS | | | |
| CITY | STATE ZIP (| CODE | DAYTIME 1 | ELEPHONE | ALTERNATE TELEPHONE | FAX TELEPHONE | |
| | | | () | | () | () | |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER | | | PERSONAL PRC | PERTY: ACCO | UNT/ASSESSMENT NUMBEF | 2 | |
| A list consisting of additional p and/or the account/assessment number for | | | | | arcel Number for each pa | rcel of real property | |
| AUTHORITY | | | | | | | |
| This agent is delegated full authority to han materials that would be available to the unc | | sment | t matters with yo | our office. Age | ent shall have access to a | Ill information and | |
| Other (please specify) | | | | | | | |
| DURATION OF AUTHORITY | | | | | | | |
| This authorization is valid until (date): | | | | | | | |
| This authorization is valid for the calendar y | /ear 20 | | only. | | | | |
| This authorization is valid for a period of n unless revoked in writing or terminated by c | | | (2) years from t | <u>he date of e</u> | xecution of this authoriza | ation as indicated below, | |
| | | CE | RTIFICATIO | N | | | |
| The undersigned certifies that they own, posses 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 own ity for any | ers of and al | said property. | The undersig agent makes | ned acknowledges deleg on behalf of the owne | gation of authority to the r. The undersigned also | |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | | | Т | ELEPHONE NUM | MBER | | |
| PRINT NAME | | | Т | ITLE | | | |
| EMAIL ADDRESS | | | Ľ | DATE | | | |
| PLEASE KI | EEP A CO | ΡΥΟ | F THIS FORM | I FOR YOL | JR RECORDS | | |
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Robert Menvielle Imperial County Assessor 940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

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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