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.

ſ		AUTHORIZATION OF AGENT		DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.
- 6	_		_	

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		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS			
CITY	STATE ZIP (CODE	DAYTIME T	ELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PRO	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		ssment	t matters with yc	ur office. Age	ent shall have access to a	Il 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 <u>period of n</u> unless revoked in writing or terminated by or			(2) years from t	<u>he date of e</u>	xecution of this authoriza	ation as indicated below,	
		CE	RTIFICATION	l			
The undersigned certifies that they own, posser 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. Il actions this a	The undersig gent 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 NUI	MBER		
PRINT NAME			Т	TLE			
EMAIL ADDRESS			D	ATE			
PLEASE KI	EEP A CO	PY O	F THIS FORM	I FOR YOL	JR RECORDS		





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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