## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

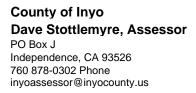
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	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 COL	DE DAYTIM	E TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSONAL P	ROPERTY: ACCOL	INT/ASSESSMENT NUMBER	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		nent matters with	your 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 <b>period of n</b> unless revoked in writing or terminated by c			n the date of ex	<b>cecution</b> of this authorization	ation as indicated below,	
		CERTIFICATI	ON			
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 owners	s of said property d all actions this	7. The undersignation of the second secon	ned acknowledges deleg on behalf of the owner	gation of authority to the r. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NUM	IBER		
PRINT NAME			TITLE			
EMAIL ADDRESS			DATE			
PLEASE KI	EEP A COP	Y OF THIS FOR	L Rm for you	IR 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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