## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

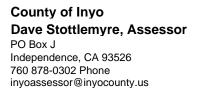
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

|  | 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   |                             | COMF            | PANY NAME             |                      |   |   |  |
|--|-----------------------------|-----------------|-----------------------|----------------------|---|---|--|
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  |                             |                 |                       |                      | EMAIL ADDRESS                                   |   |  |
| CITY   | STATE ZIP CO                | ODE             | DAYTIME TELEI         | PHONE                | ALTERNATE TELEPHONE                             | FAX TELEPHONE   |  |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER  |                             |                 | PERSONAL PROPER       | TY: ACCOL            | INT/ASSESSMENT NUMBER                           | 2   |  |
| A list consisting of additional p and/or the account/assessment number for   |                             |                 |                       | essor's Pa           | arcel Number for each pa                        | rcel of real property                                 |  |
| AUTHORITY  |                             |                 |                       |                      |   |   |  |
| This agent is delegated full authority to hand<br>materials that would be available to the und   |                             | sment           | t matters with your c | office. Age          | nt 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 <b>period of no</b><br>unless revoked in writing or terminated by o  |                             |                 | (2) years from the o  | <u>date of ex</u>    | <b>ecution</b> of this authorization            | ation as indicated below,                             |  |
|  |                             | CE              | RTIFICATION           |                      |   |   |  |
| The undersigned certifies that they own, posses<br>to designate an agent to act on behalf of all<br>designated agent and retains full responsibili<br>acknowledges they may be required to furnish<br>agent. | of the owne<br>ty for any a | rs of<br>Ind al | said property. The    | undersigi<br>t makes | ned acknowledges deleg<br>on behalf of the owne | gation of authority to the<br>r. The undersigned also |  |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER  |                             |                 | TELEF                 | PHONE NUM            | IBER  |   |  |
| PRINT NAME   |                             |                 | TITLE                 |                      |   |   |  |
| EMAIL ADDRESS  |                             |                 | DATE                  |                      |   |   |  |
| PLEASE KE  |                             |                 | F THIS FORM F         | OR YOU               | R 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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