## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

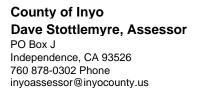
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	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 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> 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 to designate an agent to act on behalf of all designated agent and retains full responsibili acknowledges they may be required to furnish agent.	of the owne ty for any a	rs of Ind al	said property. The	undersigi t makes	ned acknowledges deleg on behalf of the owne	gation of authority to the 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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