$\begin{array}{l} {\tt EF-FC03-R01-0314-14000212-1} \\ {\tt Form~CAA-F03~(P1)~(03-14)} \end{array}$ 

## **AGENT AUTHORIZATION**



## County of Inyo Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

## 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 [	DESIGNATIO	N OF CA	LIFORNIA ATTORNE	Y, STATE BAR NO	
The below named person is hereby authorized applicable, on the attached list, which are owner.					y listed below and, if
AGENT NAME		COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP CO		DAYTIME TELEPHONE	ALTERNATE TELEPHONE ( )	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PER	SONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBE	ER
A list consisting of additional pand/or the account/assessment number for				arcel Number for each p	arcel of real property
AUTHORITY					
This agent is delegated full authority to har materials that would be available to the unc		sment matt	ers with your office. Ag	ent shall have access to	all information and
Other (please specify)					
DURATION OF AUTHORITY					
This authorization is valid until (date):					
☐ This authorization is valid for the calendar	year 20	0	nly.		
This authorization is valid for a <b>period of n</b> unless revoked in writing or terminated by			ars from the date of e	xecution of this authoriz	zation as indicated below,
		CERTIF	FICATION		
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsible acknowledges they may be required to furnish agent.	of the owne lity for any a	ers of said and all acti	property. The undersigns this agent makes	gned acknowledges dele on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-14000212

## AGENT AUTHORIZATION MULTIPLE PROPERTY LIST

Owner Name					
Agent Name					
For Real Property:	For Personal Property:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
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