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EF-FC03-R01-0314-16000065-1

\author{
Kristine Lee \\ Kings County Assessor
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1400 W. Lacey Blvd.
Hanford, CA 93230
559-852-2486
Fax: 559-582-2794

\section*{AGENT AUTHORIZATION}

\section*{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.

\section*{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.
\begin{tabular}{|c|c|c|c|c|c|}
\hline AGENT NAME & \multicolumn{5}{|c|}{COMPANY NAME} \\
\hline MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) & & & & EMAIL ADDRESS & \\
\hline \(\overline{\text { CITY }}\) & STATE & ZIP CODE & DAYTIME TELEPHONE
\(\left(\begin{array}{l}\text { ( }\end{array}\right.\) & ALTERNATE TELEPHONE ( ) & FAX TELEPHONE ( ) \\
\hline \(\overline{R E A L ~ P R O P E R T Y: ~ A S S E S S O R ' S ~ P A R C E L ~ N U M B E R ~}\) & & & ONAL PROPERTY: ACC & NT/ASSESSMENT NUMBE & \\
\hline
\end{tabular}
\(\square\) A list consisting of \(\qquad\) additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

\section*{AUTHORITY}
\(\square\) This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.Other (please specify)

\section*{DURATION OF AUTHORITY}

This authorization is valid until (date):This authorization is valid for the calendar year 20 \(\qquad\) only.

This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

\section*{CERTIFICATION}

\begin{abstract}
The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.
\end{abstract}
\begin{tabular}{l|l}
\hline SIGNATURE OF OWNER, PARTNER, OR OFFICER & TELEPHONE NUMBER \\
\hline PRINT NAME & TITLE \\
\hline EMAIL ADDRESS & DATE \\
\hline
\end{tabular}

\title{
AGENT AUTHORIZATION \\ MULTIPLE PROPERTY LIST
}

Owner Name

Agent Name

\section*{For Real Property:}

Assessor's Parcel Number (APN):
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Account/Assessment Number: \(\qquad\)

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