EF-FC03-R01-0314-20000820-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

## 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	DESIGN	IATION	OF CALIFOR	NIA 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			
						1
CITY	STATE	ZIP CODE	E DAYTII	ME TELEPHONE )	ALTERNATE TELEPHONE  ( )	FAX TELEPHONE ( )
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL I	PROPERTY: ACCO	OUNT/ASSESSMENT NUMBE	ER
A list consisting of additional pand/or the account/assessment number for					arcel Number for each p	parcel of real property
AUTHORITY						
This agent is delegated full authority to har materials that would be available to the unc			ent matters wit	n 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		only.			
☐ This authorization is valid for a <b>period of n</b> unless revoked in writing or terminated by				m the date of e	execution of this authori	zation as indicated below,
		(	CERTIFICAT	ION		
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 furnishing agent.	of the lity for	owners any and	of said proper all actions th	ty. The undersigns agent makes	gned acknowledges del 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-R01-0314-2000082

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

