EF-FC03-R01-0314-20000733-1 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 DESIG	NATION O	F CALIFORNIA ATTORI	NEY, STATE BAR NO	
The below named person is hereby authorized to act applicable, on the attached list, which are owned, pos	on my/our b	pehalf as agent in assessn ntrolled or managed by the	nent matters for the prope undersigned.	rty listed below and, if
AGENT NAME		COMPANY NAME		
HANNING ADDDESS (STREET ADDRESS OF D. S. SOV			EMAIL ADDDESS	
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS	
CITY STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONI	E FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	•	PERSONAL PROPERTY: AC	COUNT/ASSESSMENT NUME	BER
A list consisting of additional properti			Parcel Number for each	parcel of real property
AUTHORITY				
This agent is delegated full authority to handle all materials that would be available to the undersign		t matters with your office.	Agent shall have access t	o 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 period of no more unless revoked in writing or terminated by operation		(2) years from the date o	f execution of this author	rization as indicated below,
	CE	ERTIFICATION		
The undersigned certifies that they own, possess, conto designate an agent to act on behalf of all of the designated agent and retains full responsibility for acknowledges they may be required to furnish additagent.	owners of any and a	said property. The unde Ill actions this agent mal	rsigned acknowledges de ses on behalf of the ow	elegation of authority to the mer. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE	NUMBER	
PRINT NAME		TITLE		
EMAIL ADDRESS		DATE		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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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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