EF-FC03-R01-0314-20000276-1 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 DE	SIGNATIO	N OF CALIF	ORNIA ATTORNE	Y, STATE BAR NO	
The below named person is hereby authorized to applicable, on the attached list, which are owned	act on my/ , possessed	our behalf as a	agent in assessmen managed by the ur	nt matters for the propert andersigned.	ty listed below and, if
AGENT NAME	COMPANY NAME				
HALLING ADDDESS (OTDEST ADDDESS OF D. C. DOV				EMAIL ADDRESS	
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP CO	DDE DA	YTIME TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	'	PERSON	AL PROPERTY: ACCO	UNT/ASSESSMENT NUMBE	ER
A list consisting of additional production and/or the account/assessment number for each				arcel Number for each p	parcel of real property
AUTHORITY					
This agent is delegated full authority to handle materials that would be available to the under		ment matters	with your office. Ago	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	ar 20	only.			
This authorization is valid for a period of no unless revoked in writing or terminated by op-			from the date of e	xecution of this authori	zation as indicated below,
		CERTIFIC	ATION		
The undersigned certifies that they own, possess to designate an agent to act on behalf of all o designated agent and retains full responsibility acknowledges they may be required to furnish a agent.	of the owne. If for any a	rs of said pro _l nd all actions	perty. The undersig this agent makes	ned acknowledges del on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NUI	MBER	
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:	For Personal Property:			
Assessor's Parcel Number (APN):	Account/Assessment Number:				
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