EF-FC03-R01-0314-20000050-1 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	ESIG	NATION O	F CALIFORN	IA ATTORNE	Y, STATE BAR NO		
The below named person is hereby authorized applicable, on the attached list, which are owner.						listed below and, if	
AGENT NAME			COMPANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS		
CITY	STATE	ZIP CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		1	PERSONAL PR	OPERTY: ACCO	UNT/ASSESSMENT NUMBER	?	
A list consisting of additional pand/or the account/assessment number for					arcel Number for each pa	rcel of real property	
AUTHORITY							
This agent is delegated full authority to han materials that would be available to the unc			nt matters with	your office. Age	ent shall have access to a	all information and	
Other (please specify)							
DURATION OF AUTHORITY							
☐ This authorization is valid until (date):							
☐ This authorization is valid for the calendar y	ear 20		only.				
This authorization is valid for a period of n unless revoked in writing or terminated by o			(2) years from	ı the date of e	xecution of this authorize	ation as indicated below,	
		CI	ERTIFICATIO	ON			
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	of the ity for	owners of any and a	f said property all actions this	The undersign agent makes	ned acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER				TELEPHONE NUI	MBER		
PRINT NAME				TITLE			
EMAILADDRESS				DATE	E		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-2000005

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:				

