## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

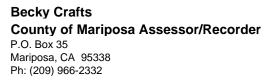
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

ſ	AUTHORIZATION OF AGENT	DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.
- L		

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.

AGENT NAME			COMPANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS		
CITY	STATE ZIP C	ODE	DAYTIME TELEPH	ONE	ALTERNATE TELEPHONE FAX TELEPHONE		
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PROPERTY	r: ACCOL	JNT/ASSESSMENT NUMBER		
A list consisting of additional p and/or the account/assessment number for				sor's Pa	arcel Number for each parcel of real property		
AUTHORITY							
This agent is delegated full authority to han materials that would be available to the uncompared on the second		sment	t matters with your offi	ice. Age	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 y	vear 20		only.				
This authorization is valid for a <b>period of n</b> unless revoked in writing or terminated by c			(2) years from the da	<u>ite of ex</u>	<b>cecution</b> of this authorization as indicated below,		
		CE	RTIFICATION				
to designate an agent to act on behalf of all designated agent and retains full responsibil	of the owne ity for any a	ers of and al	said property. The u Il actions this agent	ndersigi makes	this authorization and that they have the authorit ned acknowledges delegation of authority to the on behalf of the owner. The undersigned also by request directly from the owner or through the		
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPH	ONE NUM	IBER		
PRINT NAME			TITLE				
EMAIL ADDRESS			DATE				
PLEASE KI	EEP A COP	PY O	F THIS FORM FO	r you	IR RECORDS		





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