AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

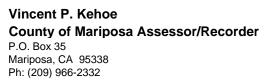
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	AUTHORIZATION OF AGENT		DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.
- 6	1	_	

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 Z	IP CODE	DAYTIME TE	LEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PROP	ERTY: ACCO	UNT/ASSESSMENT NUMBER	7	
A list consisting of additional p and/or the account/assessment number for				ssessor's P	arcel Number for each pa	arcel of real property	
AUTHORITY							
This agent is delegated full authority to han materials that would be available to the uncertain that would be available.			it matters with you	r office. Ag	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 th	<u>e date of e</u>	execution of this authorize	ation as indicated below,	
		CE	RTIFICATION				
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	ss, contro of the o ity for ar addition	l or mana wners of ny and a nal inform	age the property n f said property. T Ill actions this ag nation which the A	eferenced in the undersig ent makes assessor m	n this authorization and th gned acknowledges dele on behalf of the owne ay request directly from	at they have the authority gation of authority to the r. The undersigned also the owner or through the	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TE	EPHONE NU	MBER		
PRINT NAME			דוד	LE			
EMAIL ADDRESS			DA	ΓE			
PLEASE K	EEP A C	OPY O	F THIS FORM	FOR YO	UR 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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