## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

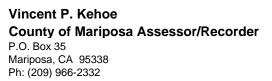
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	AUTHORIZATION OF AGENT	DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.
- 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)					ent shall have access to all information and <b>xecution</b> of this authorization as indicated bel this authorization and that they have the auth ned acknowledges delegation of authority to on behalf of the owner. The undersigned ay request directly from the owner or through			
CITY	STATE ZIP	CODE	DAYTIME TE	LEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE		
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PROP	ERTY: ACCO	UNT/ASSESSMENT NUMBER			
A list consisting of additional p and/or the account/assessment number for				ssessor's P	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 und		essmen	nt matters with you	r office. Ag	ent shall have access to a	II 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 <b>period of n</b> unless revoked in writing or terminated by o			(2) years from th	<u>e date of e</u>	<b>xecution</b> of this authorize	ation as indicated below,		
		CE	ERTIFICATION					
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.	ss, control c of the own ity for any h additional	or mana ners of and a inform	age the property n f said property. T all actions this ag nation which the A	eferenced in the undersig ent makes assessor ma	n this authorization and th gned acknowledges deleg on behalf of the owner ay request directly from t	at they have the authority gation of authority to the r. The undersigned also he owner or through the		
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TE	EPHONE NU	MBER			
PRINT NAME			דוד	LE				
EMAIL ADDRESS			DA	ΓE				
PLEASE KI	EEP A CC	OPY O	F THIS FORM	FOR YOU	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:						
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:						

