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.

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.

STATE ZIP CO					
STATE ZIP CO					
STATE ZIP CO				EMAIL ADDRESS	
	ODE		HONE	ALTERNATE TELEPHONE	FAX TELEPHONE
		PERSONAL PROPERT	TY: ACCOUN	NT/ASSESSMENT NUMBER	2
			ssor's Par	cel Number for each pa	rcel of real property
	smentı	matters with your of	ffice. Agen	t shall have access to a	Ill information and
ar 20		only.			
		2) years from the d	ate of exe	ecution of this authoriza	ation as indicated below,
	CEF	RTIFICATION			
f the owne f for any a	ers of s and all	said property. The actions this agent	undersigne t makes c	ed acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also
		TELEP	HONE NUMB	BER	
		TITLE			
		DATE			
EP A COF	PY OF	THIS FORM FC	DR YOUF	R RECORDS	
	pperties is a ach busine e all assess rsigned.	ach business nan e all assessment rsigned. ar 20 more than two (2 eration of law. CEF c, control or manage f the owners of all additional informa EP A COPY OF	() PERSONAL PROPERT operties is attached. Include the Asse ach business name and address. e all assessment matters with your or rsigned. ar 20 only. more than two (2) years from the d eration of law. CERTIFICATION r, control or manage the property refer of the owners of said property. The of or any and all actions this agent additional information which the Asse TELEP TITLE DATE	() PERSONAL PROPERTY: ACCOUNT poperties is attached. Include the Assessor's Parach business name and address. e all assessment matters with your office. Agents ar 20 only. more than two (2) years from the date of exerced eration of law. CERTIFICATION c, control or manage the property referenced in the fithe owners of said property. The undersign for any and all actions this agent makes of additional information which the Assessor may TELEPHONE NUME TITLE DATE EP A COPY OF THIS FORM FOR YOUI	() () PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER opperties is attached. Include the Assessor's Parcel Number for each parach business name and address. e all assessment matters with your office. Agent shall have access to a rsigned. ar 20 only. more than two (2) years from the date of execution of this authorization and the of the owners of said property. The undersigned acknowledges deleged for any and all actions this agent makes on behalf of the owner additional information which the Assessor may request directly from the date of the owner is difference the date of the owner is directly from the dat



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

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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