## 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.	

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		COMPAN	( NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP C	ODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PE	RSONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBE	R
A list consisting of additional additional and/or the account/assessment number for				arcel Number for each pa	arcel of real property
AUTHORITY					
This agent is delegated full authority to ha		sment ma	atters with your office. Age	ent shall have access to	all information and
materials that would be available to the un	•				
Other (please specify)					
DURATION OF AUTHORITY					
This authorization is valid until (date):					
This authorization is valid for the calendar	year 20		only.		
This authorization is valid for a <u>period of r</u> unless revoked in writing or terminated by	no more than operation of I	<u>i <b>two (2) y</b></u> aw.	vears from the date of e	xecution of this authoriz	ation as indicated below,
		CERT	IFICATION		
The undersigned certifies that they own, posse to designate an agent to act on behalf of designated agent and retains full responsib acknowledges they may be required to furnis agent.	ess, control or Il of the owne ility for any a sh additional i	manage ers of sai and all ac informatio	the property referenced ir d property. The undersig ctions this agent makes n which the Assessor ma	n this authorization and th gned acknowledges dele on behalf of the owne ay request directly from	nat they have the authority gation of authority to the er. The undersigned also the owner or through the
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
PRINT NAME			TITLE		
			DATE		
EMAIL ADDRESS			DATE		



Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

## 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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