EF-FC03-R01-0314-25000479-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## Kristen DePaul 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

## 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 [ ]	DESIGNATIO	N OF CALIFORN	IA ATTORNE	Y, STATE BAR NO	
The below named person is hereby authorized applicable, on the attached list, which are own-					y listed below and, if
AGENT NAME		COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP CO	DDE DAYTIMI	TELEPHONE	ALTERNATE TELEPHONE ( )	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSONAL PR	ROPERTY: ACCO	UNT/ASSESSMENT NUMBE	R
A list consisting of additional pand/or the account/assessment number for				arcel Number for each p	arcel of real property
AUTHORITY					
This agent is delegated full authority to har materials that would be available to the unc		ment matters with	your office. 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	year 20	only.			
This authorization is valid for a <b>period of n</b> unless revoked in writing or terminated by			n the date of e	<b>xecution</b> of this authoriz	zation as indicated below,
		CERTIFICATIO	ON		
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsibiliacknowledges they may be required to furnis agent.	l of the owner lity for any ar	rs of said property nd all actions this	The undersig agent makes	ned acknowledges dele on behalf of the owne	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NUM	//BER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-2500047

## 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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