EF-FC03-R01-0314-26000713-1 Form CAA-F03 (P1) (03-14)

### **AGENT AUTHORIZATION**

# SULTY OF MORE

## Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

### 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 DE SIGNATION DESIGNATION DE SIGNATION DESIGNATION DESIG	ATION OF CA	LIFORNIA ATTORNE	Y, STATE BAR NO		
The below named person is hereby authorized to act or applicable, on the attached list, which are owned, posses	n my/our behalf	as agent in assessmen	t matters for the property		
AGENT NAME COMPANY NAME		NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS		
CITY STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE ( )	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PER	SONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBER	₹	
A list consisting of additional properties and/or the account/assessment number for each but			arcel Number for each pa	arcel of real property	
AUTHORITY					
<ul> <li>☐ This agent is delegated full authority to handle all as materials that would be available to the undersigned</li> <li>☐ Other (please specify)</li> </ul>	d.		ent shall have access to	all information and	
DURATION OF AUTHORITY					
This authorization is valid until (date):					
This authorization is valid for the calendar year 20					
This authorization is valid for a <u>period of no more to</u> unless revoked in writing or terminated by operation		ears from the date of e	<u>xecution</u> of this authoriz	ation as indicated below,	
	CERTIF	FICATION			
The undersigned certifies that they own, possess, control to designate an agent to act on behalf of all of the odesignated agent and retains full responsibility for a acknowledges they may be required to furnish additionagent.	owners of said ny and all acti	property. The undersig ions this agent makes	ned acknowledges dele on behalf of the owne	gation of authority to the er. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NUI	MBER		
PRINT NAME		TITLE			
EMAIL ADDRESS		DATE			

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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## 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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