EF-FC03-R01-0314-26000680-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## 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	ON OF CALIFORN	NIA ATTORNE	Y, STATE BAR NO	
The below named person is hereby authorized to act on my				
applicable, on the attached list, which are owned, possesse	d, controlled or ma	naged by the ur	ndersigned.	
AGENT NAME	COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)		EMAIL ADDRESS		
CITY STATE   ZIP C	ODE DAYTIN	IE TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
STATE ZIP C	ODE DATTIN	)	( )	( )
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERSONAL P	ROPERTY: ACCO	UNT/ASSESSMENT NUMBER	
A list consisting of additional properties is a and/or the account/assessment number for each busine			arcel Number for each pa	rcel of real property
AUTHORITY				
This agent is delegated full authority to handle all asses materials that would be available to the undersigned.	sment matters with	your office. Age	ent shall have access to a	Ill 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 no more than</b> unless revoked in writing or terminated by operation of least terminat		n the date of e	xecution of this authorize	ation as indicated below,
	CERTIFICATI	ON		
The undersigned certifies that they own, possess, control or to designate an agent to act on behalf of all of the owner designated agent and retains full responsibility for any acknowledges they may be required to furnish additional in agent.	ers of said propert and all actions this	y. The undersig s agent makes	ined acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NUM	MBER	
PRINT NAME		TITLE		
EMAIL ADDRESS		DATE		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-2600068

## 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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