EF-FC03-R01-0314-32000690-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



Cynthia L. Froggatt Plumas County Assessor 1 Crescent Street

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

CindieFroggatt@countyofplumas.com

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	N OF CALIFORN	IA ATTORNEY,	STATE BAR NO	
The below named person is hereby authorized to act on my/applicable, on the attached list, which are owned, possessed				y listed below and, if
AGENT NAME	COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS	
CITY STATE ZIP CO	DAYTIMI	TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERSONAL PR	ROPERTY: ACCOU	NT/ASSESSMENT NUMBE	ER.
A list consisting of additional properties is a and/or the account/assessment number for each business			cel Number for each p	arcel of real property
AUTHORITY				
This agent is delegated full authority to handle all assess materials that would be available to the undersigned.	sment matters with	your office. Ager	nt 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 period of no more than unless revoked in writing or terminated by operation of la		the date of ex	ecution of this authoriz	zation as indicated below,
	CERTIFICATION	ON		
The undersigned certifies that they own, possess, control or to designate an agent to act on behalf of all of the owne designated agent and retains full responsibility for any a acknowledges they may be required to furnish additional in agent.	ers of said property and all actions this	The undersign agent makes	ed acknowledges dele on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NUME	BER	
PRINT NAME		TITLE		
EMAIL ADDRESS		DATE		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



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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