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		COMPA	ANY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP CO	DE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PROPERTY: ACCC	UNT/ASSESSMENT NUMBEF	2
A list consisting of additional p and/or the account/assessment number for				arcel Number for each pa	rcel of real property
AUTHORITY					
This agent is delegated full authority to han materials that would be available to the und		ment ı	matters with your office. Ag	ent shall have access to a	all information and
Other (please specify)					
DURATION OF AUTHORITY					
This authorization is valid until (date):					
This authorization is valid for the calendar y	vear 20		_ only.		
This authorization is valid for a <u>period of ne</u> unless revoked in writing or terminated by c) years from the date of e	execution of this authorization	ation as indicated below,
		CEF	RTIFICATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibili acknowledges they may be required to furnish agent.	ss, control or r of the owner ity for any ar additional in	manag rs of s nd all format	the property referenced i said property. The undersi actions this agent makes tion which the Assessor m	n this authorization and th gned acknowledges deleg on behalf of the owne ay request directly from t	at they have the authority gation of authority to the r. The undersigned also he owner or through the
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		
PLEASE KE	EEP A COP	Y OF	THIS FORM FOR YO	UR 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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