EF-FC03-R01-0314-38000626-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



Joaquín Torres **Assessor-Recorder** 1 Dr. Carlton B. Goodlett Place

City Hall - Room 190 San Francisco, CA 94102-4698

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 D	ESIGNATIO	N OF CALIFORM	NIA ATTORNE	Y, STATE BAR NO	
The below named person is hereby authorized applicable, on the attached list, which are owner.					y listed below and, if
AGENT NAME		COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
WALLING ABBRESS (STREET ABBRESS STATES BOXY				END WE ABBRESS	
CITY	STATE ZIP CO	DDE DAYTIM	E TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	'	PERSONAL P	ROPERTY: ACCO	UNT/ASSESSMENT NUMBE	R
A list consisting of additional p and/or the account/assessment number for				arcel Number for each p	arcel of real property
AUTHORITY					
This agent is delegated full authority to hand materials that would be available to the und		sment matters with	your office. Ag	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 y	rear 20	only.			
This authorization is valid for a period of no unless revoked in writing or terminated by o			n the date of e	xecution of this authoriz	ation as indicated below,
		CERTIFICATI	ON		
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.	of the owne itv for anv a	rs of said propert nd all actions this	y. The undersig s agent makes	gned acknowledges dele on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
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:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
Assessor's Parcel Number (APN):	Account/Assessment Number:			
	Account/Assessment Number:			

