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.

ſ	AUTHORIZATION OF AGENT	DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.
- L		

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		СОМ	PANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS ALTERNATE TELEPHONE FAX TELEPHONE () () NT/ASSESSMENT NUMBER rcel Number for each parcel of real property		
CITY	STATE ZI	P CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	<u> </u>		PERSONAL PR	OPERTY: ACCOL	JNT/ASSESSMENT NUMBER		
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 unc		essmen	t matters with y	our office. Age	ent shall have access to a	II information and	
Other (please specify)							
DURATION OF AUTHORITY							
This authorization is valid until (date):							
This authorization is valid for the calendar y	/ear 20		only.				
This authorization is valid for a period of n unless revoked in writing or terminated by o			(2) years from	the date of ex	xecution of this authoriza	ation as indicated below,	
		CE	RTIFICATIO	N			
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	of the ow ity for any	/ners of / and a	said property.	The undersignagent makes	ned acknowledges deleg on behalf of the owne	nation of authority to the r. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER				TELEPHONE NUM	IBER		
PRINT NAME				TITLE			
EMAIL ADDRESS				DATE			
PLEASE KI	EEP A C	OPY O	F THIS FOR	M FOR YOU	IR 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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