AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

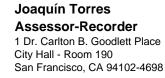
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

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			COMPANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS		
CITY	STATE ZIF	CODE	DAYTIME TELE	PHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PROPE	RTY: ACCOL	INT/ASSESSMENT NUMBER		
A list consisting of additional p and/or the account/assessment number for				essor's Pa	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 your	office. Age	ent shall have access to a	Il 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	ecution of this authorization	ation as indicated below,	
		CE	RTIFICATION				
The undersigned certifies that they own, posses 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 itv for anv	ners of and a	f said property. The all actions this age	e undersig nt makes	ned acknowledges deleg on behalf of the owne	ation of authority to the . The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELE	PHONE NUM	IBER		
PRINT NAME			TITLE				
EMAIL ADDRESS			DATE	<u>.</u>			
PLEASE KI	EEP A CO	OPY O	F THIS FORM F	OR 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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