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 | | | COMPANY NAME | | | | |
|--|--|---|--|---|--|---|--|
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) | | | | | EMAIL ADDRESS | | |
| CITY | STATE ZIF | CODE | DAYTIME | TELEPHONE | ALTERNATE TELEPHONE () | FAX TELEPHONE | |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER | | | PERSONAL PRO | OPERTY: ACCO | DUNT/ASSESSMENT NUMBER | ? | |
| A list consisting of additional p and/or the account/assessment number for | | | | | arcel Number for each pa | arcel of real property | |
| AUTHORITY | | | | | | | |
| This agent is delegated full authority to han materials that would be available to the und | | essmen | t matters with y | our 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 | ear 20 | | only. | | | | |
| This authorization is valid for a <u>period of ne</u> unless revoked in writing or terminated by o | | | (2) years from | <u>the date of e</u> | execution of this authorize | ation as indicated below, | |
| | | CE | RTIFICATIO | N | | | |
| 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. | s, control of the ow ty for any additiona | or mana ners of and a l inform | age the property said property. Il actions this ation which the | referenced i The undersig agent makes Assessor m | n this authorization and th gned acknowledges dele s on behalf of the owne ay request directly from | at they have the authority gation of authority to the r. The undersigned also the owner or through the | |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | | | | TELEPHONE NU | MBER | | |
| PRINT NAME | | | | TITLE | | | |
| EMAIL ADDRESS | | | | DATE | | | |
| PLEASE KE | | | | M 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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| | Account/Assessment Number: | | | | | | | |

