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.



Steve J. Bestolarides Assessor-Recorder-County Clerk San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone: (209) 468-2700 https://www.sjgov.org/department/assessor

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	NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
СІТҮ	STATE ZIP CC	DDE DA	YTIME TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSON	AL PROPERTY: ACCO	UNT/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 uncompared on the second		ment matters	with your office. Age	ent shall have access to a	Ill information and
Other (please specify)					
DURATION OF AUTHORITY					
This authorization is valid until (date):			-		
$\hfill \square$ 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	o more than to operation of la	two (2) years ^{w.}	from the date of e	xecution of this authoriza	ation as indicated below,
		CERTIFIC	ATION		
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 owner ity for any ar	rs of said pro nd all actions	perty. The undersig this agent makes	ned acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NUI	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		
PLEASE KI	EEP A COP	Y OF THIS	FORM FOR YOU	JR RECORDS	



AGENT AUTHORIZATION MULTIPLE PROPERTY LIST

Owner Name					
Agent Name					
For Real Property:	For Personal 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:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				

