## 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		СОМ	COMPANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS		
CITY	STATE ZIF	PCODE	DAYTIME TI	ELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PRO	PERTY: ACCOL	INT/ASSESSMENT NUMBEF	2	
A list consisting of additional p and/or the account/assessment number for					rcel 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		essmen	nt matters with yo	ur office. Age	nt 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 <b>period of n</b> unless revoked in writing or terminated by c			(2) years from t	he date of ex	<b>ecution</b> of this authorization	ation as indicated below,	
		CE	ERTIFICATION	l			
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 ity for any	ners of and a	f said property. T all actions this a	The undersigi qent makes	ned acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TE	ELEPHONE NUM	IBER		
PRINT NAME			ТІ	TLE			
EMAIL ADDRESS			D	ATE			
PLEASE KI	EEP A CO	ΟΡΥ Ο	OF THIS FORM	I FOR YOU	R 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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