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		COMPAN	YNAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP CC	DE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PI	I () ERSONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBE	() R
A list consisting of additional a and/or the account/assessment number for				arcel Number for each pa	arcel of real property
AUTHORITY					
This agent is delegated full authority to har materials that would be available to the une materials.		ment m	atters with your office. Ag	ent shall have access to	all information and
Other (please specify)	•				
DURATION OF AUTHORITY					
This authorization is valid until (date):					
This authorization is valid for the calendar	year 20		only.		
This authorization is valid for a period of n unless revoked in writing or terminated by	o more than operation of la	two (2) w.	<u>years from the date of e</u>	execution of this authoriz	ation as indicated below,
		CER	TIFICATION		
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsibi acknowledges they may be required to furnis agent.	ss, control or i l of the ownei lity for any ai h additional in	manage rs of sa nd all a formatio	the property referenced in id property. The undersign octions this agent makes on which the Assessor m	n this authorization and th gned acknowledges dele on behalf of the owne ay request directly from	nat they have the authority gation of authority to the er. The undersigned also the owner or through the
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		
PLEASE K			 This form for you	UR RECORDS	



KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993 Phone: (530) 822-7160 Fax: (530) 822-7198 www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

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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