## 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		COMP	ANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL AD	DRESS	
CITY	STATE ZIF	CODE	DAYTIME T	ELEPHONE	ALTERNA	TE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PRC	PERTY: ACCC	UNT/ASSES	SMENT NUMBE	( ) R
A list consisting of additional and/or the account/assessment number fo					arcel Num	ber for each p	arcel of real property
AUTHORITY							
This agent is delegated full authority to har materials that would be available to the un		essment	matters with yo	ur office. Ag	ent shall h	ave 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 <u>period of r</u> unless revoked in writing or terminated by	o more that operation o	<b>an two (2</b> f law.	<u>2) years from t</u>	<u>he date of e</u>	execution	of this authoriz	ation as indicated below,
		CEI	RTIFICATIO	1			
The undersigned certifies that they own, posse to designate an agent to act on behalf of al designated agent and retains full responsible acknowledges they may be required to furnis agent.	ess, control l of the ow lity for any h additiona	or manag rners of r and all l informa	ge the property said property. ' actions this a tion which the	referenced i The undersig gent makes Assessor m	n this autho gned ackn on behai ay request	prization and th owledges dele f of the owne directly from	hat they have the authority egation of authority to the er. The undersigned also the owner or through the
SIGNATURE OF OWNER, PARTNER, OR OFFICER			Т	ELEPHONE NU	MBER		
PRINT NAME			Т	TLE			
EMAIL ADDRESS			D	ATE			
			THIS FORM	I FOR YO	UR RECO	ORDS	



## 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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