## 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.	
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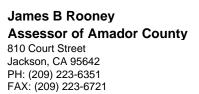
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	СОМРА	NY NAME		Λ
MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. <mark>O.</mark> BOX)	7/0		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	F	PERSONAL PROPERTY: ACCO	JNT/ASSESSMENT NUMBE	R
A list consisting ofadditional additional and/or the account/assessment number for		. Include the Assessor's Pa e and address.	arcel Number for each pa	arcel of real property
AUTHORITY				
<ul> <li>This agent is delegated full authority to har materials that would be available to the und</li> <li>Other (please specify)</li> </ul>		natters with your office. Age	ent shall have access to a	all information and
<ul> <li>This authorization is valid until (date):</li> <li>This authorization is valid for the calendar y</li> <li>This authorization is valid for a period of n unless revoked in writing or terminated by o</li> </ul>	/ear 20 o more than two (2)	only. years from the date of e	xecution of this authoriz	ration 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 responsibil acknowledges they may be required to furnish agent.	of the owners of sa ity for any and all	aid property. The undersig actions this agent makes	ned acknowledges dele on behalf of the owne	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NUI	VIBER	

SIGNATURE OF OWNER, PARTNER, OR OFFICER	TELEPHONE NUMBER
PRINT NAME	TITLE
EMAIL ADDRESS	DATE

## PLEASE KEEP A COPY OF THIS FORM FOR YOUR 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:			

