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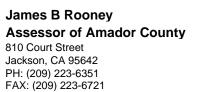
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPA	INY NAME	C	Λ
MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. O. BOX)	7/ (ント	EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSONAL PROPERTY: ACCOU	INT/ASSESSMENT NUMBE	R
A list consisting of additional p and/or the account/assessment number for		d. Include the Assessor's Pa le and address.	ircel Number for each p	arcel of real property
AUTHORITY				
 This agent is delegated full authority to han materials that would be available to the unc Other (please specify) 		matters with your office. Age	nt shall have access to	all information and
DURATION OF AUTHORITY				
 This authorization is valid until (date): This authorization is valid for the calendar y This authorization is valid for a period of n unless revoked in writing or terminated by or 	/ear 20 o more than two (2	_ only.) years from the date of ex	<u>cecution</u> of this authoriz	zation as indicated below,
	GER	RTIFICATION		
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 s 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
		TELEPHONE NUM	/BER	

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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