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.

Γ	AUTHORIZATION OF AGENT	DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.	

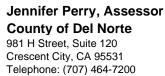
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME COMPANY NAME MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) EMAIL ADDRESS
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE () ()
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER
A list consisting of additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.
AUTHORITY
 This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned. Other (please specify)
DURATION OF AUTHORITY
 This authorization is valid until (date):
CERTIFICATION
The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the author to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through agent.

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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