## 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.	

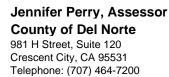
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	СОМРАК	IY NAME		Λ
MAILING ADDRESS (STREET ADDRESS OR P. O. BO	X)		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMB	ER PI	ERSONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBEI	R
A list consisting ofaddition and/or the account/assessment number			arcel Number for each pa	arcel of real property
AUTHORITY				
<ul> <li>This agent is delegated full authority to materials that would be available to the</li> <li>Other (please specify)</li> </ul> DURATION OF AUTHORITY		atters with your office. Age	ent shall have access to	all information and
<ul> <li>This authorization is valid until (date):</li> <li>This authorization is valid for the calendary</li> <li>This authorization is valid for a period unless revoked in writing or terminated</li> </ul>	dar ye <mark>ar</mark> 20 of no more than two (2)	only. years from the date of e	xecution of this authoriz	ation as indicated below,
	CER	<b>FIFICATION</b>		
The undersigned certifies that they own, po to designate an agent to act on behalf o designated agent and retains full respor acknowledges they may be required to fu agent.	f all of the owners of sa sibility for any and all a	id property. The undersig actions this agent makes	ned acknowledges dele on behalf of the owne	gation of authority to the er. The undersigned also

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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