EF-FC03-R01-0314-11000275-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## Sendy Perez Glenn County Assessor/Clerk/Recorder

WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

516 W. SYCAMORE ST., 2ND FLOOR

## 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 O	F CALIFORN	A ATTORNE	Y, STATE BAR NO	
The below named person is hereby authorize applicable, on the attached list, which are ow					rty listed below and, if
AGENT NAME	СОМ	PANY NAME			<u> </u>
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	7/3		1	EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME (	TELEPHONE	ALTERNATE TELEPHONE  ( )	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	ΛΛ	PERSONAL PR	OPERTY: ACCO	UNT/ASSESSMENT NUMB	BER
A list consisting of additional and/or the account/assessment number to				arcel Number for each	parcel of real property
AUTHORITY					
☐ This agent is delegated full authority to he materials that would be available to the u ☐ Other (please specify)		ut matters with y	vour office. Age	ent shall have access t	o all information and
DURATION OF AUTHORITY					
☐ This authorization is valid until (date):	20				
<ul> <li>☐ This authorization is valid for the calenda</li> <li>☐ This authorization is valid for a period of unless revoked in writing or terminated b</li> </ul>	no more than two	only. (2) years from	the date of e	xecution of this author	rization as indicated below,
	CE	RTIFICATIO	N		
The undersigned certifies that they own, post to designate an agent to act on behalf of designated agent and retains full responsi acknowledges they may be required to furnagent.	all of the owners of bility for any and a	said property. Il actions this	The undersig agent makes	ned acknowledges de on behalf of the ow	elegation of authority to the ner. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER	1		TELEPHONE NUI	MBER	
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:
Assessor's Parcel Number (APN):	Account/Assessment Number:
Assessor's Parcel Number (APN):	Account/Assessment Number:
Assessor's Parcel Number (APN):	Account/Assessment Number:
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