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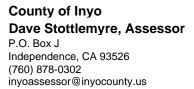
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPANY N	AME		
MAILING ADDRESS ( <i>STREET ADD<mark>RE</mark>SS OR P. <mark>O.</mark> BOX)</i>			EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERS	SONAL PROPERTY: ACCOU	VT/ASSESSMENT NUMBER	<del>۲</del>
A list consisting ofadditional parameters additional parameters and/or the account/assessment number for			cel Number for each pa	arcel of real property
AUTHORITY				
<ul> <li>This agent is delegated full authority to hand materials that would be available to the und</li> <li>Other (please specify)</li> </ul>		ers with your office. Ager	it shall have access to a	all information and
DURATION OF AUTHORITY				
<ul> <li>This authorization is valid until (date):</li> <li>This authorization is valid for the calendar year</li> <li>This authorization is valid for a period of no unless revoked in writing or terminated by o</li> </ul>	o more than two (2) yea	lly. ars from the date of exe	ecution of this authoriza	ation as indicated below,
	CERTIF	ICATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibilit acknowledges they may be required to furnish agent.	ty for any and all action	ons this agent makes o	on behalf of the owne	r. 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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