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 AGEN | DES | IGNATION 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.

Brett Frazier

200 West 4th Street Madera, CA 93637-3548

Phone: (559) 675-7710 Fax: (559) 675-7654

Madera County Assessor

www.maderacounty.com/government/assessor

| AGENT NAME | COMPA | NY NAME | C | Λ |
|--|--|--|--|---|
| MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. O. BOX) | 7/ (| | EMAIL ADDRESS | |
| CITY | STATE ZIP CODE | DAYTIME TELEPHONE | ALTERNATE TELEPHONE | FAX TELEPHONE |
| REAL PROPERTY: ASSESSOR' <mark>S PARCEL</mark> NUMBER | F | PERSONAL PROPERTY: ACCOU | INT/ASSESSMENT NUMBE | () R |
| A list consisting ofadditional participation and/or the account/assessment number for | | . Include the Assessor's Pa e and address. | ircel Number for each pa | arcel of real property |
| AUTHORITY | | | | |
| This agent is delegated full authority to han materials that would be available to the uncompared of the compared of the compared | | natters with your office. Age | int shall have access to | all information and |
| DURATION OF AUTHORITY | | | | |
| This authorization is valid until (date): This authorization is valid for the calendar y | | only. | | |
| This authorization is valid for a <u>period of n</u> unless revoked in writing or terminated by o | | years from the date of ex | <u>cecution</u> of this authoriz | zation as indicated below, |
| | CER | TIFICATION | | |
| The undersigned certifies that they own, posset 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 sa 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: | | | | |
| 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: | | | | |
| 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: | | | | |
| 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: | | | | |
| Assessor's Parcel Number (APN): | Account/Assessment Number: | | | | |
| | Account/Assessment Number: | | | | |

