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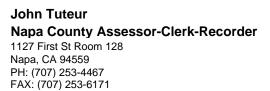
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPAN	YNAME	C	Λ
MAILING ADDRESS (<i>STREET ADD</i> RESS OR P. O. BOX)	7/ (EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PE	ERSONAL PROPERTY: ACCC	UNT/ASSESSMENT NUMB	ER
A list consisting of additional p and/or the account/assessment number for		Include the Assessor's F and address.	arcel Number for each p	parcel of real property
AUTHORITY				
 This agent is delegated full authority to han materials that would be available to the und Other (please specify) DURATION OF AUTHORITY		allers with your onice. Ag		
 This authorization is valid until (date): This authorization is valid for the calendar y This authorization is valid for a <u>period of ne</u> unless revoked in writing or terminated by c 	/ear 20 o more than two (2)	only. years from the date of e	execution of this authori	ization as indicated below,
	CER	TIFICATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibili acknowledges they may be required to furnish agent.	of the owners of sa itv for anv and all a	id property. The undersign of the condition of the condit	gned acknowledges del s on behalf of the own	legation of authority to the ner. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NU	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:			
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