EF-FC03-R01-0314-31000146-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



Matthew R. Maynard Placer County Assessor

2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

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 DESIGN	IATION OF CALIFORN	IIA ATTORNEY,	STATE BAR NO	
The below named person is hereby authorized to act o applicable, on the attached list, which are owned, poss				ty listed below and, if
AGENT NAME	COMPANY NAME	10		<u> </u>
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS	
CITY STATE	ZIP CODE DAYTIM	E TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERSONAL P	ROPERTY: ACCOUN	T/ASSESSMENT NUMBE	ER
A list consisting ofadditional propertie and/or the account/assessment number for each be			cel Numb <mark>er</mark> for each p	parcel of real property
AUTHORITY	_			
 ☐ This agent is delegated full authority to handle all a materials that would be available to the undersigne ☐ Other (please specify) 		your office. Agent	s shall <mark>ha</mark> ve acces <mark>s t</mark> o	all information and
DURATION OF AUTHORITY				
☐ This authorization is valid until (date): ☐ This authorization is valid for the calendar year 20				
☐ This authorization is valid for a period of no more unless revoked in writing or terminated by operation		n the date of exe	cution of this authori	zation as indicated below,
	CERTIFICATION	ON		
The undersigned certifies that they own, possess, contour to designate an agent to act on behalf of all of the designated agent and retains full responsibility for acknowledges they may be required to furnish additionagent.	owners of said property anv and all actions this	r. The undersigne agent makes o	ed acknowledges del n behalf of the own	egation 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



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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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