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.	

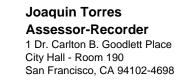
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPA	NY NAME	C	Λ
MAILING ADDRESS (<i>STREET ADDRESS OR P. <mark>O.</mark> BOX</i>)	7/ (EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	F	PERSONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBE	R
A list consisting ofadditional and/or the account/assessment number for		. Include the Assessor's P e and address.	arcel Numb <mark>er</mark> for each p	arcel of real property
AUTHORITY				
 This agent is delegated full authority to ha materials that would be available to the un Other (please specify) 		natters with your office. Ag	ent shall have access to	all information and
DURATION OF AUTHORITY				
 This authorization is valid until (date): This authorization is valid for the calendar This authorization is valid for a period of r unless revoked in writing or terminated by 	year 20	only. years from the date of e	xecution of this authoriz	zation as indicated below,
	CER	TIFICATION		
The undersigned certifies that they own, posse to designate an agent to act on behalf of a designated agent and retains full responsib acknowledges they may be required to furnis agent.	ll of the owners of sa ility for any and all a	aid property. The undersig actions this agent makes	ned acknowledges dele on behalf of the own	egation of authority to the er. The undersigned also
			MBER	

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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	Account/Assessment Number:				

