## 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.



Greg Monteverde Acting Assessor Exemption Division 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

	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	/ NAME	C	Λ	
MAILING ADDRESS ( <i>STREET ADD<mark>RE</mark>SS OR P. <mark>O.</mark> BOX</i> )	7/こ		EMAIL ADDRESS		
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	E FAX TELEPHONE ()	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PE	RSONAL PROPERTY: ACCO	UNT/ASSESSMENT NUME	PER	
A list consisting ofadditional additional and/or the account/assessment number for		Include the Assessor's P and address.	arcel Number for each	parcel of real property	
AUTHORITY					
<ul> <li>This agent is delegated full authority to har materials that would be available to the uno</li> <li>Other (please specify)</li> </ul>		itters with your office. Ag	ent shall have access t	o all information and	
DURATION OF AUTHORITY					
<ul> <li>This authorization is valid until (date):</li> <li>This authorization is valid for the calendar y</li> <li>This authorization is valid for a period of n unless revoked in writing or terminated by or</li> </ul>	year 20 io more than two (2) y	only. years from the date of e	xecution of this author	ization as indicated below,	
CERTIFICATION					
The undersigned certifies that they own, posse	ss, control or manage	the property referenced in	n this authorization and	that they have the authority	

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

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:				
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