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 AGENT	DESIGNATION OF CALIFORNIA ATTORNEY. STATE BAR NO.

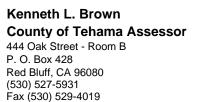
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPANY N	AME		Λ
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	112		EMAIL ADDRESS	-
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE ()
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERS	ONAL PROPERTY: ACCOU	NT/ASSESSMENT NUMBER	R
A list consisting ofadditional parameters additional parameters and/or the account/assessment number for		clude the Assessor's Par d address.	cel Number for each pa	arcel of real property
AUTHORITY				
 This agent is delegated full authority to hand materials that would be available to the und Other (please specify) DURATION OF AUTHORITY		ers with your office. Ager	nt shall have access to a	all information and
 This authorization is valid until (date): This authorization is valid for the calendar year of the cale	ear 20 on o more than two (2) yea		ecution of this authorize	ation as indicated below,
	CERTIF	ICATION		
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 said ty for any and all action	property. The undersign ons this agent makes (ed acknowledges delegon behalf of the owne	gation of authority to the r. 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





materials that would be av	vailable to the	Indorcianod	
materials that would be av	valiable to the t	undersigned.	
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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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