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.

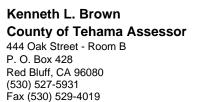
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPAN	IY NAME	C	Λ
MAILING ADDRESS (STREET ADDRESS OR P. O. B	OX)		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE	FAX TELEPHONE ()
REAL PROPERTY: ASSESSOR'S PARCEL NUME	P	ERSONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBE	R
A list consisting ofaddition and/or the account/assessment numb	onal properties is attached er for each bu <mark>si</mark> ness name		arcel Number for each pa	arcel of real property
AUTHORITY				
 This agent is delegated full authority to materials that would be available to th Other (please specify) DURATION OF AUTHORITY		atters with your office. Ag	ent shall have access to	all information and
 This authorization is valid until (date): This authorization is valid for the caler This authorization is valid for a period unless revoked in writing or terminated 	ndar year 20	only. years from the date of e	xecution of this authoriz	ration as indicated below,
	CER	TIFICATION		
The undersigned certifies that they own, p to designate an agent to act on behalf designated agent and retains full respo acknowledges they may be required to f agent.	of all of the owners of sa nsibility for any and all a	id property. The undersign actions this agent makes	oned acknowledges dele on behalf of the owne	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





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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