## 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.

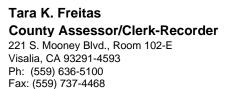
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPANY NA	ME	C	Λ
MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. <mark>O.</mark> BOX)	110		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE ( )	ALTERNATE TELEPHONE	FAX TELEPHONE ()
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERS	ONAL PROPERTY: ACCO	OUNT/ASSESSMENT NUMBE	R
A list consisting of additional p and/or the account/assessment number for	roperties is attached. Inc each business name and		arcel Numb <mark>e</mark> r for each p	arcel of real property
AUTHORITY				
<ul> <li>This agent is delegated full authority to han materials that would be available to the unc</li> <li>Other (please specify)</li> </ul>		rs with your office. Ag	ent shall have access to	all information and
<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 <b>period of n</b> unless revoked in writing or terminated by or</li> </ul>	rear 20 onl		execution of this authoriz	zation as indicated below,
	CERTIFI	CATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	ity for any and all actio	ns this agent makes	s on behalt of the owne	er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NU	MBER	

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:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
	Account/Assessment Number:				

