EF-FC03-R01-0314-57000354-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



YOLO COUNTY COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

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 agen applicable, on the attached list, which are owned, possessed, controlled or man		
AGENT NAME COMPANY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	EMAIL ADDRESS	
CITY STATE ZIP CODE DAYTIM (E TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE () ()	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER PERSONAL PARCEL NUMBER	ROPERTY: ACCOUNT/ASSESSMENT NUMBER	
A list consisting ofadditional properties is attached. Include the and/or the account/assessment number for each business name and addresses.	e Assessor's Parcel Number for each parcel of real property ss.	
AUTHORITY		
 ☐ This agent is delegated full authority to handle all assessment matters with materials that would be available to the undersigned. ☐ Other (please specify) 	your office. Agent shall have access to all information and	
DURATION OF AUTHORITY		
☐ This authorization is valid until (date): ☐ This authorization is valid for the calendar year 20 only.		
This authorization is valid for a <u>period of no more than two (2) years from the date of execution</u> of this authorization as indicated below, unless revoked in writing or terminated by operation of law.		
CERTIFICATION		
The undersigned certifies that they own, possess, control or manage the proper to designate an agent to act on behalf of all of the owners of said property designated agent and retains full responsibility for any and all actions this acknowledges they may be required to furnish additional information which the agent.	. The undersigned acknowledges delegation of authority to the agent makes on behalf of the owner. 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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