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.	

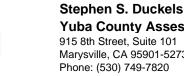
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPAN	YNAME	C	Λ
MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. <mark>O.</mark> BOX)	7/ (EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE	FAX TELEPHONE ()
REAL PROPERTY: ASSESSOR' <mark>S PARCEL</mark> NUMBER	PI	ERSONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBE	R
A list consisting ofadditional p and/or the account/assessment number for		Include the Assessor's P and address.	arcel Number for each p	arcel of real property
AUTHORITY				
 This agent is delegated full authority to han materials that would be available to the unc Other (please specify) 		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 calendar y This authorization is valid for a period of n unless revoked in writing or terminated by c 	o more than two (2)	only. years from the date of e	xecution of this authoriz	zation as indicated below,
	CER	TIFICATION		
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	of the owners of sa ity for any and all a	id property. The undersign this agent makes	ned acknowledges dele on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NU	MBER	

SIGNATURE OF OWNER, FARTNER, OR OFFICER	
PRINT NAME	TITLE
EMAIL ADDRESS	DATE

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS





Yuba County Assessor 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

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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	Account/Assessment Number:				

