AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

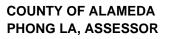
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

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		COMPA	DMPANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS		
CITY	STATE ZIP CO	DDE	DAYTIME TELEF	HONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		F	PERSONAL PROPER	TY: ACCO	UNT/ASSESSMENT NUMBER	?	
A list consisting of additional p and/or the account/assessment number for				ssor's Pa	arcel 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		ment m	natters with your o	ffice. Age	ent shall have access to a	all information and	
Other (please specify)							
DURATION OF AUTHORITY							
This authorization is valid until (date):							
This authorization is valid for the calendar y	ear 20		_ only.				
This authorization is valid for a period of no unless revoked in writing or terminated by o) years from the c	late of e	xecution of this authoriz	ation as indicated below,	
		CER	TIFICATION				
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.	s, control or i of the owned ty for any a additional in	manage rs of sa nd all nformati	e the property refe aid property. The actions this agen ion which the Ass	renced ir undersig t makes essor ma	n this authorization and th ned acknowledges dele on behalf of the owne ay request directly from	at they have the authority gation of authority to the r. The undersigned also the owner or through the	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEP	HONE NUI	MBER		
PRINT NAME			TITLE				
EMAIL ADDRESS			DATE				
	-	_	THIS FORM FO	DR YOL	JR RECORDS		





1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803 www.acgov.org/assessor

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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