AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

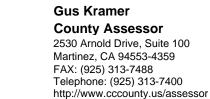
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	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 NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	ADDRESS (STREET ADDRESS OR P. O. BOX)					
CITY	STATE ZIP CC	DDE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PER	SONAL PROPERTY: ACC	OUNT/ASSESSMENT NUMBER	2	
A list consisting of additional p and/or the account/assessment number for				Parcel Number for each pa	arcel of real property	
AUTHORITY						
This agent is delegated full authority to han materials that would be available to the und		ment mat	ters with your office. A	gent 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	0	nly.			
This authorization is valid for a period of ne unless revoked in writing or terminated by c	o more than operation of la	two (2) ye w.	ears from the date of	execution of this authoriz	ation as indicated below,	
		CERTI	FICATION			
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.	of the owner tv for anv a	rs of said nd all act	property. The unders	signed acknowledges deleges on behalf of the owne	gation of authority to the r. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE N	UMBER		
PRINT NAME			TITLE			
EMAIL ADDRESS			DATE			
PLEASE K			IIS FORM FOR YO	OUR 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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