## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

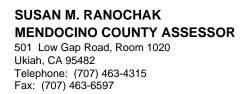
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

| 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   | COM                         | /PANY NAME                |                            |                                 |
|--|-----------------------------|---------------------------|----------------------------|---------------------------------|
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  | DR P. O. BOX) EMAIL ADDRESS |                           |                            |                                 |
| CITY   | STATE ZIP CODE              |                           | DNE ALTERNATE TELEPH       | HONE FAX TELEPHONE              |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER  |                             | PERSONAL PROPERTY         | ACCOUNT/ASSESSMENT N       | UMBER                           |
| A list consisting of additional p and/or the account/assessment number for   |                             |                           | or's Parcel Number for ea  | ach parcel of real property     |
| AUTHORITY  |                             |                           |                            |                                 |
| This agent is delegated full authority to han<br>materials that would be available to the und  |                             | nt matters with your offi | ce. Agent shall have acce  | ss to 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 <b>period of n</b><br>unless revoked in writing or terminated by c   |                             | (2) years from the da     | te of execution of this au | thorization as indicated below, |
|  | CI                          | ERTIFICATION              |                            |                                 |
| The undersigned certifies that they own, posses<br>to designate an agent to act on behalf of all<br>designated agent and retains full responsibili<br>acknowledges they may be required to furnish<br>agent. | ty for any and a            | all actions this agent    | makes on behalf of the     | owner. The undersigned also     |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER  |                             | TELEPHO                   | DNE NUMBER                 |                                 |
| PRINT NAME   |                             | TITLE                     |                            |                                 |
| EMAIL ADDRESS  |                             | DATE                      |                            |                                 |
|  |                             |                           | R 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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