## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

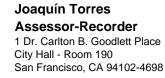
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

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)					EMAIL ADDRESS		
CITY	STATE ZIF	CODE	DAYTIME TE	LEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PROP	ERTY: ACCO	JNT/ASSESSMENT NUMBER		
A list consisting of additional p and/or the account/assessment number for				sessor's Pa	arcel Number for each pa	rcel of real property	
AUTHORITY							
This agent is delegated full authority to han materials that would be available to the unc		essmen	nt matters with you	r office. Age	ent shall have access to a	Ill 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> unless revoked in writing or terminated by o			(2) years from th	e date of ex	<b>xecution</b> of this authoriza	ation as indicated below,	
		CE	ERTIFICATION				
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 ow itv for anv	ners of and a	f said property. Tr all actions this ac	ne undersig ent makes	ned acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TE	EPHONE NUM	/BER		
PRINT NAME			TIT	LE			
EMAIL ADDRESS			DA	ſE			
PLEASE KI	EEP A CO	OPY O	OF THIS FORM	FOR YOL	IR 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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