### 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.



## Tammie Guenthart

Mariposa County Assessor 4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719 tguenthart@mariposacounty.org Monday-Friday:8am-5pm

### 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	С	OMPANY NAME					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS			
CITY	STATE ZIP COD	e daytime (	TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE		
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSONAL PF	, ROPERTY: ACCO	JNT/ASSESSMENT NUMBER			
A list consisting of additional p and/or the account/assessment number for				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 uncompared on the uncompared o		ent matters with	your office. Age	ent shall have access to a	II 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 c			the date of e	<b>xecution</b> of this authoriza	ation as indicated below,		
	(	CERTIFICATIO	ON				
The undersigned certifies that they own, posses 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 itv for anv and	of said property all actions this	The undersig	ned acknowledges deleg on behalf of the owne	gation of authority to the r. The undersigned also		
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NUM	/BER			
PRINT NAME			TITLE				
EMAIL ADDRESS			DATE				
PLEASE KI	EEP A COPY	OF THIS FOR	M FOR YOL	JR 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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