## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

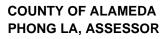
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

AUTHORIZATION OF AGENT	DESIGNATION OF CALIFORNIA ATTORNEY. STATE BAR NO.	
	Decionation of odel on a former, of all 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		СОМ	IPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS		
CITY	STATE 2	ZIP CODE	DAYTIME TI	ELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	1 1		PERSONAL PROP	PERTY: ACCO	UNT/ASSESSMENT NUMBER	5
A list consisting of additional p and/or the account/assessment number for					arcel Number for each pa	arcel of real property
AUTHORITY						
This agent is delegated full authority to han materials that would be available to the uncompared on the second			t matters with yo	ur office. Ag	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	year 20 _		only.			
This authorization is valid for a <b>period of n</b> unless revoked in writing or terminated by o			(2) years from tl	<u>ne date of e</u>	execution of this authorize	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.	ss, contro of the c lity for ai h additior	ol or mana owners of ny and a nal inform	age the property i f said property. T all actions this a nation which the j	referenced ir The undersig gent makes Assessor m	n this authorization and th gned 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			TE	ELEPHONE NU	MBER	
PRINT NAME			ITI	TLE		
EMAIL ADDRESS			Di	ATE		
PLEASE KI	EEP A (	COPY O	F THIS FORM	FOR YOU	UR RECORDS	





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

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## 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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