AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

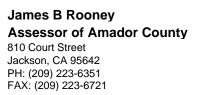
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	AUTHORIZATION OF AGENT		DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.
- L		_	

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	ZIP CODE	DAYTIME TE	ELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PROF	PERTY: ACCO	DUNT/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 und			t matters with you	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	year 20		only.				
This authorization is valid for a period of n unless revoked in writing or terminated by o			(2) years from th	<u>ne date of e</u>	execution of this authoriz	ation as indicated below,	
		CE	RTIFICATION				
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, conti of the lity for a h additic	rol or mana owners of any and a onal inform	age the property i f said property. T Il actions this ag nation which the p	referenced i 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	LEPHONE NU	MBER		
PRINT NAME			TI	TLE			
EMAIL ADDRESS			DA	ATE			
PLEASE K	EEP A	COPY O	F THIS FORM	FOR YO	UR 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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