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	EMAIL ADDRESS	
CITY	STATE ZIP CC	DE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE FAX TELE	PHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PER	SONAL PROPERTY: AC	CCOUNT/ASSESSMENT NUMBER		
A list consisting of additional p and/or the account/assessment number for				s Parcel Number for each parcel of re	al property	
AUTHORITY						
This agent is delegated full authority to han materials that would be available to the unc		ment mat	ters with your office.	Agent shall have access to all informa	ation and	
Other (please specify)						
DURATION OF AUTHORITY						
This authorization is valid until (date):						
This authorization is valid for the calendar y	ear 20	C	nly.			
This authorization is valid for a period of n unless revoked in writing or terminated by c			ears from the date o	of execution of this authorization as ir	ndicated below,	
		CERTI	FICATION			
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibili- acknowledges they may be required to furnish agent.	s, control or r of the owner ty for any ar additional in	manage tl rs of said nd all act formation	he property reference property. The unde tions this agent ma which the Assesso	ed in this authorization and that they have rsigned acknowledges delegation of kes on behalf of the owner. The un r may request directly from the owner	ave the authority authority to the ndersigned also r or through the	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE	NUMBER		
PRINT NAME			TITLE			
EMAIL ADDRESS			DATE			
PLEASE K	EP A COP	Y OF TH	IIS FORM FOR Y	OUR RECORDS		





Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

AGENT AUTHORIZATION MULTIPLE PROPERTY LIST

Owner Name						
Agent Name						
For Real Property:	For Personal Property:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					
Assessor's Parcel Number (APN):	Account/Assessment Number:					

