AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

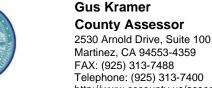
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	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 ZIP CC	DDE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PER	SONAL PROPERTY: ACCC	UNT/ASSESSMENT NUMBER	
A list consisting of additional p and/or the account/assessment number for				arcel Number for each parcel of real property	
AUTHORITY					
This agent is delegated full authority to han materials that would be available to the uncompared on the second		sment mat	ters with your office. Ag	ent shall have access to all information and	
Other (please specify)					
DURATION OF AUTHORITY					
This authorization is valid until (date):					
This authorization is valid for the calendar y	/ear 20	0	nly.		
This authorization is valid for a period of n unless revoked in writing or terminated by o			ears from the date of e	execution of this authorization as indicated below,	
		CERTI	FICATION		
to designate an agent to act on behalf of all designated agent and retains full responsibil	of the owne itv for anv a	rs of said nd all act	property. The undersigned in the indersigned in the property of the indersity of the inders	n this authorization and that they have the authority gned acknowledges delegation of authority to the on behalf of the owner. The undersigned also ay request directly from the owner or through the	
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NU	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		
PLEASE KI	EEP A COP	Y OF TH	IIS FORM FOR YO	UR RECORDS	





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:						
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