AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

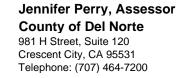
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

ſ	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		COM	PANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS	
CITY	STATE ZIF	CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PR	OPERTY: ACCO	UNT/ASSESSMENT NUMBER	2
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		essmen	t matters with y	our office. Ag	ent shall have access to a	all information and
Other (please specify)						
DURATION OF AUTHORITY						
This authorization is valid until (date):						
$\hfill \square$ This authorization is valid for the calendar y	vear 20		only.			
This authorization is valid for a period of ne unless revoked in writing or terminated by c			(2) years from	<u>the date of e</u>	execution of this authorize	ation as indicated below,
		CE	RTIFICATIO	N		
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.	ss, control of the ow ity for any additiona	or mana ners of and a l inform	age the property said property. Il actions this ation which the	referenced ii The undersig agent 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				TELEPHONE NU	MBER	
PRINT NAME				TITLE		
EMAIL ADDRESS				DATE		
PLEASE KE				M 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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