AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

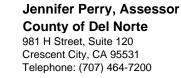
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

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			COMPANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)		EMAIL ADDRESS					
CITY	STATE ZIP (CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PRO	OPERTY: ACCO	UNT/ASSESSMENT NUMBER	?	
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		ssment	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):							
This authorization is valid for the calendar y	ear 20		only.				
This authorization is valid for a <u>period of ne</u> 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.	s, control o of the own ty for any additional	r mana hers of and al informa	age the property said property. Il actions this ation which the	r referenced i 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				FELEPHONE NU	MBER		
PRINT NAME				TITLE			
EMAIL ADDRESS				DATE			
PLEASE KE	EP A CO	PY O	F THIS FOR	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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