AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

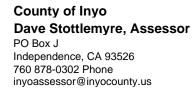
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	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		COMF	PANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS	
CITY	STATE ZIP (CODE	DAYTIME TEL	EPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER			PERSONAL PROPE	ERTY: ACCO	UNT/ASSESSMENT NUMBER	
A list consisting of additional particular additional particular and/or the account/assessment number for				sessor's Pa	arcel Number for each pa	rcel of real property
AUTHORITY						
This agent is delegated full authority to hand materials that would be available to the und		ssment	t matters with you	office. Age	ent shall have access to a	II 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 period of no unless revoked in writing or terminated by o	<u>p more than</u> peration of	n two (law.	(2) years from the	e date of e	xecution of this authoriza	ation as indicated below,
		CE	RTIFICATION			
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibilit acknowledges they may be required to furnish agent.	of the own ty for any	ers of and al	said property. Th Il actions this ag	e undersig ent makes	ned acknowledges deleg on behalf of the owne	nation of authority to the r. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TEL	EPHONE NUM	<i>I</i> BER	
PRINT NAME			ТІТІ	E		
EMAIL ADDRESS			DAT	Ē		
PLEASE KE			F THIS FORM	FOR YOL	JR 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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