## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

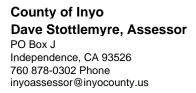
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

|  | 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                          |                           |   |   |  |
|---|-------------|------------------|---------------------------------------|---------------------------|---|---|--|
|   |             |                  |                                       |                           | - 1   |   |  |
| MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)   |             |                  |                                       | EMAIL ADDRESS             |   |   |  |
| СІТҮ  | STATE ZIP C | ODE              | DAYTIME TE                            | ELEPHONE                  | ALTERNATE TELEPHONE                             | FAX TELEPHONE   |  |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER   |             |                  | PERSONAL PROF                         | PERTY: ACCO               | UNT/ASSESSMENT NUMBER                           | 2   |  |
| A list consisting of additional p<br>and/or the account/assessment number for   |             |                  |                                       |                           | arcel Number for each pa                        | rcel of real property                                 |  |
| AUTHORITY   |             |                  |                                       |                           |   |   |  |
| This agent is delegated full authority to han materials that would be available to the unc  |             | sment            | t matters with you                    | ur office. Age            | 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 <b>period of n</b><br>unless revoked in writing or terminated by o  |             |                  | (2) years from th                     | ne date of e              | xecution of this authorize                      | ation as indicated below,                             |  |
|   |             | CE               | RTIFICATION                           |                           |   |   |  |
| The undersigned certifies that they own, posses<br>to designate an agent to act on behalf of all<br>designated agent and retains full responsibil<br>acknowledges they may be required to furnish<br>agent. | of the own  | ers of<br>and al | said property. 7<br>Il actions this a | he undersig<br>gent makes | ned acknowledges deleg<br>on behalf of the owne | gation of authority to the<br>r. The undersigned also |  |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER   |             |                  | TE                                    | ELEPHONE NUI              | MBER  |   |  |
| PRINT NAME  |             |                  | TI                                    | TLE                       |   |   |  |
| EMAIL ADDRESS   |             |                  | DA                                    | ATE                       |   |   |  |
| PLEASE KI   | EEP A CO    | PY O             | F THIS FORM                           | FOR YOU                   | 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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