## AGENT AUTHORIZATION

## FOR ASSESSOR'S OFFICE USE ONLY.

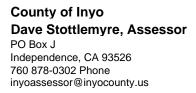
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	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 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> 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 to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	of the own	ers of and al	said property. 7 Il actions this a	he undersig gent makes	ned acknowledges deleg on behalf of the owne	gation of authority to the 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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