## 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				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)		EMAIL ADDRESS					
CITY	STATE ZI	P 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 p and/or the account/assessment number for				sessor's P	arcel Number for each parcel of real property		
AUTHORITY							
This agent is delegated full authority to han materials that would be available to the und			t matters with you	r office. Ag	ent shall have access to all information and		
Other (please specify)							
DURATION OF AUTHORITY							
This authorization is valid until (date):							
This authorization is valid for the calendar	/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 the	e date of e	execution of this authorization as indicated below,		
		CE	RTIFICATION				
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnish agent.	ss, control of the ov ity for an h addition	l or mana wners of y and a al inform	age the property re said property. Th Il actions this ag ation which the A	ferenced in the undersig ent makes ssessor m	n this authorization and that they have the authority gned acknowledges delegation of authority to the on behalf of the owner. The undersigned also ay request directly from the owner or through the		
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TEL	EPHONE NU	MBER		
PRINT NAME			ITIT	E			
EMAIL ADDRESS			DAT	Ē			
PLEASE KI	EEP A C	ΟΡΥ Ο	F THIS FORM	FOR YOU	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:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							
Assessor's Parcel Number (APN):	Account/Assessment Number:							

