AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

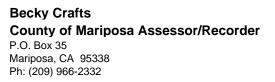
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

	AUTHORIZATION OF AGENT	DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.
- L		

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		COM	COMPANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS			
CITY	STATE Z	IP CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	1 1		PERSONAL PR	OPERTY: ACCC	UNT/ASSESSMENT NUMBER	<u></u>	
A list consisting of additional p and/or the account/assessment number for	•				arcel Number for each pa	ircel of real property	
AUTHORITY							
This agent is delegated full authority to han materials that would be available to the und			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	/ear 20 _		only.				
This authorization is valid for a <u>period of n</u> unless revoked in writing or terminated by or			(2) years from	the date of e	execution of this authorize	ation as indicated below,	
		CE	RTIFICATIO	N			
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.	of the o ity for an	wners of iv and al	said property. Il actions this	The undersig	gned acknowledges deleged on behalf of the owned	gation of authority to the r. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER				TELEPHONE NU	MBER		
PRINT NAME				TITLE			
EMAIL ADDRESS				DATE			
PLEASE KI	EEP A C	OPY O	F THIS FOR	M FOR YO	UR RECORDS		
			II.				





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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