### 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.



## Tammie Guenthart

Mariposa County Assessor 4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719 tguenthart@mariposacounty.org Monday-Friday:8am-5pm

### 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	cc	DMPANY NAME				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS		
CITY	STATE ZIP CODE	E DAYTIME TELE	EPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSONAL PROPER	RTY: ACCOUI	NT/ASSESSMENT NUMBE	ĒR	
A list consisting of additional p and/or the account/assessment number for			sessor's Par	cel Number for each p	parcel of real property	
AUTHORITY						
This agent is delegated full authority to han materials that would be available to the uncompared on the second		ent matters with your	office. Ager	nt 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 y	/ear 20	only.				
This authorization is valid for a <b>period of n</b> unless revoked in writing or terminated by c			date of exe	ecution of this authori	zation as indicated below,	
	c	CERTIFICATION				
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 owners itv for anv and	of said property. The all actions this age	e undersign nt makes o	ed acknowledges del on behalf of the own	egation of authority to the er. The undersigned also	
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELE	EPHONE NUME	BER		
PRINT NAME		TITLE	E			
EMAIL ADDRESS		DATE	<u> </u>			
PLEASE KI	EEP A COPY	OF THIS FORM F		R 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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Assessor's Parcel Number (APN):	Account/Assessment Number:	
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