EF-FC03-R01-0314-22000703-1 Form CAA-F03 (P1) (03-14)

### **AGENT AUTHORIZATION**

# OF COUNTY

## 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

### 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 DE	SIGNATION C	F CALIFORNIA ATTORNE	Y, STATE BAR NO.
The below named person is hereby authorized to applicable, on the attached list, which are owned.			
GENT NAME		COMPANY NAME	
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSONAL PROPERTY: ACCO	DUNT/ASSESSMENT NUMBER
A list consisting of additional pro and/or the account/assessment number for each			arcel Number for each parcel of real property
AUTHORITY			
This agent is delegated full authority to handle materials that would be available to the under		nt matters with your 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 year	ar 20	only.	
This authorization is valid for a <b>period of no</b> unless revoked in writing or terminated by open		(2) years from the date of e	execution of this authorization as indicated below,
	C	ERTIFICATION	
designated agent and retains full responsibility	for any and a	all actions this agent makes	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		TELEPHONE NU	MBER
PRINT NAME		TITLE	
EMAIL ADDRESS		DATE	

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-22000703

## 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:			
	Account/Assessment Number:			
	Account/Assessment Number:			

