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	СО	MPANY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS	
СІТҮ	STATE ZIP CODE	DAYTIME TELEPHO	DNE ALTERNATE TELEPHON	E FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER		PERSONAL PROPERTY	ACCOUNT/ASSESSMENT NUM	BER
A list consisting of additional p and/or the account/assessment number for			or's Parcel Number for each	parcel of real property
AUTHORITY				
This agent is delegated full authority to hand materials that would be available to the und		ent matters with your office	ce. Agent shall have access	to all information and
Other (please specify)				
DURATION OF AUTHORITY				
This authorization is valid until (date):				
$\hfill \square$ This authorization is valid for the calendar y	ear 20	only.		
This authorization is valid for a period of no unless revoked in writing or terminated by o		o (2) years from the da	te of execution of this autho	rization as indicated below,
	с	ERTIFICATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibili acknowledges they may be required to furnish agent.	of the owners o ty for any and	of said property. The ui all actions this agent i	ndersigned acknowledges d makes on behalf of the ow	elegation of authority to the /ner. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHO	DNE NUMBER	
PRINT NAME		TITLE		
EMAIL ADDRESS		DATE		
PLEASE KE	EPACOPY	OF THIS FORM FOR	R YOUR 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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