AGENT AUTHORIZATION

FOR ASSESSOR'S OFFICE USE ONLY.

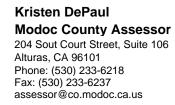
The Assessment Appeals Board is a separate agency from that of the Office of the Assessor and a separate agent authorization is required for assessment appeals. Contact the Clerk of the Board at (XXX) XXX-XXXX.

| | 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 | EMAIL ADDRESS | |
| CITY | STATE ZIP CC | DE | DAYTIME TELEPHONE | ALTERNATE TELEPHONE | FAX TELEPHONE | |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER | | PEł | RSONAL PROPERTY: ACC | COUNT/ASSESSMENT NUMBER | ξ | |
| A list consisting of additional pr and/or the account/assessment number for e | | | | Parcel Number for each pa | arcel of real property | |
| AUTHORITY | | | | | | |
| This agent is delegated full authority to hand materials that would be available to the under | | ment ma | tters with your office. A | gent 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 ye | ear 20 | (| only. | | | |
| This authorization is valid for a period of no unless revoked in writing or terminated by op | | | ears from the date of | execution of this authorize | ation as indicated below, | |
| | | CERT | IFICATION | | | |
| The undersigned certifies that they own, posses to designate an agent to act on behalf of all of designated agent and retains full responsibilit acknowledges they may be required to furnish agent. | y for any ar | nd all ac | tions this agent make | es on behalf of the owne | r. The undersigned also | |
| SIGNATURE OF OWNER, PARTNER, OR OFFICER | | | TELEPHONE | IUMBER | | |
| PRINT NAME | | | TITLE | | | |
| EMAIL ADDRESS | | | DATE | | | |
| PLEASE KE | - | - | HIS FORM FOR YO | OUR 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: | | | | |
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| Assessor's Parcel Number (APN): | Account/Assessment Number: | | | | |
| Assessor's Parcel Number (APN): | Account/Assessment Number: | | | | |
| Assessor's Parcel Number (APN): | Account/Assessment Number: | | | | |
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| Assessor's Parcel Number (APN): | Account/Assessment Number: | | | | |

