EF-FC03-R01-0314-26000641-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## Barry Beck, Assessor PO Box 456

Bridgeport, CA 93517-0456 Telephone: 760-932-5510

Fax: 760-932-5511 Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

**Mono County Office of the Assessor** 

## 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 DESIG	GNATION OF	CALIFORNIA ATTORNE	Y, STATE BAR NO	
The below named person is hereby authorized to ac applicable, on the attached list, which are owned, po				listed below and, if
AGENT NAME	COMPA	NY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS	
CITY STAT	TE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE ( )	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	F	PERSONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBER	?
A list consisting of additional prope and/or the account/assessment number for each			arcel Number for each pa	rcel of real property
AUTHORITY				
This agent is delegated full authority to handle a materials that would be available to the undersig	jned.			all information and
Other (please specify)				
DURATION OF AUTHORITY				
☐ This authorization is valid until (date):				
☐ This authorization is valid for the calendar year 2	20	only.		
☐ This authorization is valid for a <u>period of no mo</u> unless revoked in writing or terminated by opera		) years from the date of e	xecution of this authorize	ation as indicated below,
	CER	TIFICATION		
The undersigned certifies that they own, possess, composed to designate an agent to act on behalf of all of the designated agent and retains full responsibility for acknowledges they may be required to furnish addragent.	ne owners of so or any and all	aid property. The undersig actions this agent makes	ned acknowledges deleg on behalf of the owne	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 KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-2600064

## 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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