EF-FC03-R01-0314-38000132-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



Joaquín Torres **Assessor-Recorder** 1 Dr. Carlton B. Goodlett Place City Hall - Room 190

San Francisco, CA 94102-4698

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 DESIGNAT	TION OF CALIFORI	NIA ATTORNEY	, STATE BAR NO	
The below named person is hereby authorized to act on rapplicable, on the attached list, which are owned, posses				y listed below and, if
AGENT NAME	COMPANY NAME	COMPANY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS	
CITY STATE ZIF	P CODE DAYTIN	ME TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERSONAL F	PROPERTY: ACCOU	NT/ASSESSMENT NUMBE	TR .
A list consisting of additional properties i and/or the account/assessment number for each busi			rcel Number for each p	arcel of real property
AUTHORITY				
This agent is delegated full authority to handle all assematerials that would be available to the undersigned.	essment matters with	your office. Age	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 year 20	only.			
☐ This authorization is valid for a period of no more the unless revoked in writing or terminated by operation of	an two (2) years fro i f law.	m the date of ex	ecution of this authoriz	zation as indicated below,
	CERTIFICATI	ON		
The undersigned certifies that they own, possess, control to designate an agent to act on behalf of all of the ow designated agent and retains full responsibility for any acknowledges they may be required to furnish additional agent.	rners of said propert r and all actions thi	y. The undersigi s agent makes	ned acknowledges dele on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NUM	BER	
PRINT NAME		TITLE		
EMAIL ADDRESS		DATE		

PLEASE KEEP A COPY OF THIS FORM FOR 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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