EF-FC03-R01-0314-51000156-1
Form CAA-F03 (P1) (03-14)

TODD L. RETZLOFF, CCIM
SUTTER COUNTY
1190 Civic Center Blvd.
Yuba City, CA 95993
Telephone (530) 822-7160 FAX (530) 822-7198
www.suttercounty.org/assessor
Email: assessor@co.sutter.ca.us

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

CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
			( )	( )	( )

REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	*PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER*

☐ A list consisting of _____ additional properties is attached. Include the Assessor's Parcel Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY

☐ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ 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 than two (2) years from the date of execution** of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

CERTIFICATION

The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

▶ SIGNATURE OF OWNER, PARTNER, OR OFFICER	TELEPHONE NUMBER
PRINT NAME	TITLE
EMAIL ADDRESS	DATE

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

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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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Assessor's Parcel Number (APN): _____	Account/Assessment Number: _____
Assessor's Parcel Number (APN): _____	Account/Assessment Number: _____
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