EF-FC03-R01-0314-57000646-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



Jesse Salinas Yolo County Assessor

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 www.yolocounty.gov

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 D	ESIGNATIO	N OF CALIFORN	IA ATTORNEY	, STATE BAR NO	
The below named person is hereby authorized tapplicable, on the attached list, which are owner.					y listed below and, if
AGENT NAME		COMPANY NAME			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE ZIP CO	DE DAYTIME	TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	1	PERSONAL PR	ROPERTY: ACCOU	INT/ASSESSMENT NUMBER	R
A list consisting of additional prand/or the account/assessment number for				rcel 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 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 ye	ear 20	only.			
This authorization is valid for a period of no unless revoked in writing or terminated by o			the date of ex	ecution of this authoriz	ation as indicated below,
		CERTIFICATIO	ON		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibilit acknowledges they may be required to furnish agent.	of the owner ty for any ar	s of said property nd all actions this	. The undersign agent makes	ned acknowledges dele on behalf of the owne	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NUM	BER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		
designated agent and retains full responsibility acknowledges they may be required to furnish agent. SIGNATURE OF OWNER, PARTNER, OR OFFICER PRINT NAME	ty for any ar	nd all actions this	agent makes e Assessor ma	on behalf of the owne y request directly from	er. The undersigned a

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-57000646

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

