## 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. |  |
|---|------------------------|---|--|
| _ |                        |   |  |

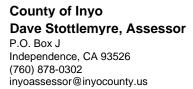
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

| AGENT NAME   | COMPA   | NY NAME  | $\mathbf{C}$                                   | Λ   |
|--|---|--|--|---|
| MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. O.  |   | ント   | EMAIL ADDRESS                                  |   |
| CITY   | STATE ZIP CODE  | DAYTIME TELEPHONE ()                                   | ALTERNATE TELEPHONE                            | FAX TELEPHONE ()  |
| REAL PROPERTY: ASSESSOR'S PARCEL NU  | MBER  | PERSONAL PROPERTY: ACCO                                | JNT/ASSESSMENT NUMBE                           | R   |
| A list consisting ofadd<br>and/or the account/assessment num   |   |  | arcel Number for each pa                       | arcel of real property                                  |
| AUTHORITY  |   |  |  |   |
| <ul> <li>This agent is delegated full authority materials that would be available to</li> <li>Other (please specify)</li> </ul>  |   | natters with your office. Age                          | ent shall have access to                       | all information and                                     |
| DURATION OF AUTHORITY  |   |  |  |   |
| <ul> <li>This authorization is valid until (date</li> <li>This authorization is valid for the cal</li> <li>This authorization is valid for a perior unless revoked in writing or terminal</li> </ul> | endar year 20<br>od of no more than two (2)                   | only.<br>years from the date of e                      | xecution of this authoriz                      | ration as indicated below,                              |
|  | CER   | TIFICATION   |  |   |
| The undersigned certifies that they own,<br>to designate an agent to act on beha<br>designated agent and retains full res,<br>acknowledges they may be required to<br>agent.                         | f of all of the owners of sa<br>consibility for any and all a | aid property. The undersig<br>actions this agent makes | ned acknowledges dele<br>on behalf of the owne | egation of authority to the<br>er. The undersigned also |

| SIGNATURE OF OWNER, PARTNER, OR OFFICER | TELEPHONE NUMBER |
|---|------------------|
| 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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|                                 | Account/Assessment Number: |  |  |  |  |

