EF-FC03-R01-0314-16000170-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## Office of the Assessor Kings County 1400 W. Lacey Blvd.

1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

## 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 C	ALIFORNIA ATTORNEY, STATE BAR NO.
The below named person is hereby authorized to act on my/our behaviorable, on the attached list, which are owned, possessed, control	alf as agent in assessment matters for the property listed below and, if lled or managed by the undersigned.
AGENT NAME COMPAN	Y 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	ERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER
A list consisting of additional properties is attached. and/or the account/assessment number for each business name	Include the Assessor's Parcel Number for each parcel of real property and address.
AUTHORITY	
<ul> <li>☐ This agent is delegated full authority to handle all assessment m materials that would be available to the undersigned.</li> <li>☐ Other (please specify)</li> </ul>	atters with your office. Agent shall have access to all information and
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 <u>period of no more than two (2)</u> unless revoked in writing or terminated by operation of law.	years from the date of execution of this authorization as indicated below,
CERT	TIFICATION
to designate an agent to act on behalf of all of the owners of sa designated agent and retains full responsibility for any and all a	the property referenced in this authorization and that they have the authority id property. The undersigned acknowledges delegation of authority to the ctions this agent makes on behalf of the owner. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER	TELEPHONE NUMBER
PRINT NAME	TITLE
EMAILADDRESS	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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