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.



Peter Aldana Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

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	C	Λ
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	7/2		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE	FAX TELEPHONE ()
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	F	ERSONAL PROPERTY: ACCOU	INT/ASSESSMENT NUMBE	R
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 y This authorization is valid for a period of n unless revoked in writing or terminated by or 	year 20 o more than two (2)	only. years from the date of ex	xecution of this authoriz	ration as indicated below,
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



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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