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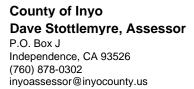
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

| AGENT NAME | COMPAN | IY NAME | C | Λ |
|---|---|--|--|--|
| MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. <mark>O.</mark> BOX, | 77 | | EMAIL ADDRESS | |
| CITY | STATE ZIP CODE | DAYTIME TELEPHONE | ALTERNATE TELEPHONE | FAX TELEPHONE |
| REAL PROPERTY: ASSESSOR'S PARCEL NUMBER | P | ERSONAL PROPERTY: ACCOU | INT/ASSESSMENT NUMBER | R |
| A list consisting ofadditional additional and/or the account/assessment number | | | rcel Number for each pa | arcel of real property |
| AUTHORITY | | | | |
| This agent is delegated full authority to h materials that would be available to the t Other (please specify) | | atters with your office. Age | nt shall have access to a | all information and |
| DURATION OF AUTHORITY | | | | |
| This authorization is valid until (date): This authorization is valid for the calenda This authorization is valid for a period or unless revoked in writing or terminated b | ar year 20 f no more than two (2) | only. years from the date of ex | cecution of this authoriz | ation as indicated below, |
| | CER | TIFICATION | | |
| The undersigned certifies that they own, pos to designate an agent to act on behalf of designated agent and retains full respons acknowledges they may be required to furr agent. | all of the owners of sa bility for any and all a | aid property. The undersig actions this agent makes | ned acknowledges dele on behalf of the owne | gation of authority to the 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: | | | |

