EF-FC03-R01-0314-20000432-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

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 CALIFORN	IIA ATTORNEY, STATE BAR NO
The below named person is hereby authorized to act on my/our behalf as ager applicable, on the attached list, which are owned, possessed, controlled or ma	
AGENT NAME COMPANY NAME	
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	EMAIL ADDRESS
CITY STATE ZIP CODE DAYTIM	E TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE () ()
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER PERSONAL P	ROPERTY: ACCOUNT/ASSESSMENT NUMBER
A list consisting ofadditional properties is attached. Include the and/or the account/assessment number for each business name and address.	e Assessor's Parcel Number for each parcel of real property ess.
AUTHORITY	
 ☐ This agent is delegated full authority to handle all assessment matters with materials that would be available to the undersigned. ☐ Other (please specify) 	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 period of no more than two (2) years from unless revoked in writing or terminated by operation of law.	n the date of execution of this authorization as indicated below,
CERTIFICATION	
The undersigned certifies that they own, possess, control or manage the proper to designate an agent to act on behalf of all of the owners of said property designated agent and retains full responsibility for any and all actions this acknowledges they may be required to furnish additional information which to agent.	s agent makes on behalf of the owner. 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



EF-FC03-R01-0314-2000043

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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