EF-FC03-R01-0314-20000413-1 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	CALIFORNIA	ATTORNEY, ST	ATE BAR NO	0
The below named person is hereby authorized applicable, on the attached list, which are own					roperty listed below and, if
AGENT NAME	COMP	PANY NAME			Λ
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	7/3		EM	AIL ADDRESS	A
CITY	STATE ZIP CODE	DAYTIME TE	LEPHONE ALT	ERNATE TELEPI	HONE FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	Λ	PERSONAL PROP	ERTY: ACCOUNT/A	SSESSMENT N	IUMBER
A list consisting ofadditional and/or the account/assessment number for	properties is attacher or each business nar	ed. Include the As ne and address.	sessor's Parcel	Number for e	ach parce <mark>l</mark> of real property
AUTHORITY		_			
☐ This agent is delegated full authority to ha materials that would be available to the ur☐ Other (please specify)		matters with you	r office. Agent sh	nall have acce	ess to all information and
DURATION OF AUTHORITY					
☐ This authorization is valid until (date): ☐ This authorization is valid for the calendar		only.			
This authorization is valid for a period of unless revoked in writing or terminated by		2) years from th	e date of execu	tion of this au	uthorization as indicated below
	CE	RTIFICATION			
The undersigned certifies that they own, possion to designate an agent to act on behalf of a designated agent and retains full responsible acknowledges they may be required to furnishagent.	ll of the owners of ility for any and al	said property. Till actions this ag	ne undersigned ent makes on	acknowledges behalf of the	s delegation of authority to th owner. The undersigned als
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TEI	EPHONE NUMBER		
PRINT NAME		ТІТ	LE		
EMAIL ADDRESS		DA	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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