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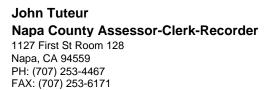
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPAN	IY NAME	C	Λ
MAILING ADDRESS ( <i>STREET ADD<mark>RE</mark>SS OR P. <mark>O.</mark> BOX)</i>	7/ (		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	P	ERSONAL PROPERTY: ACCO	OUNT/ASSESSMENT NUMBE	ĒR
A list consisting of additional additional and/or the account/assessment number for		. Include the Assessor's F e and address.	arcel Number for each p	parcel of real property
AUTHORITY				
<ul> <li>This agent is delegated full authority to har materials that would be available to the und</li> <li>Other (please specify)</li> </ul> DURATION OF AUTHORITY		atters with your office. Ag	ent shall have access to	all information and
<ul> <li>This authorization is valid until (date):</li> <li>This authorization is valid for the calendary</li> <li>This authorization is valid for a <u>period of n</u> unless revoked in writing or terminated by or</li> </ul>	year 20 o more than two (2)	only. years from the date of e	execution of this authorize	zation as indicated below,
	CER	TIFICATION		
The undersigned certifies that they own, posse to designate an agent to act on behalf of all designated agent and retains full responsibil acknowledges they may be required to furnis agent.	l of the owners of sa lity for any and all a	aid property. The undersi actions this agent makes	gned acknowledges dele s on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NU	IMBER	

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:				

