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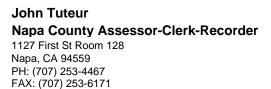
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPANY NA	ME	C	Λ
MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. <mark>O. BOX</mark> )	110		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERS	ONAL PROPERTY: ACCO	UNT/ASSESSMENT NUMBE	R
A list consisting of additional p and/or the account/assessment number for	roperties is attached. Inc each business name and		arcel Numb <mark>er</mark> for each p	arcel of real property
AUTHORITY				
<ul> <li>This agent is delegated full authority to han materials that would be available to the und</li> <li>Other (please specify)</li> </ul> DURATION OF AUTHORITY		is with your onice. Au		
<ul> <li>This authorization is valid until (date):</li> <li>This authorization is valid for the calendar y</li> <li>This authorization is valid for a <u>period of ne</u> unless revoked in writing or terminated by or</li> </ul>	rear 20 onl		<u>xecution</u> of this authoriz	zation as indicated below,
		CATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibili acknowledges they may be required to furnish agent.	of the owners of said p ity for any and all actio	property. The undersigns this agent makes	ned acknowledges dele on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NU	MBER	

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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Assessor's Parcel Number (APN):	Account/Assessment Number:			
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	Account/Assessment Number:			

