EF-FC03-R01-0314-31000313-1 Form CAA-F03 (P1) (03-14)

AGENT AUTHORIZATION



Matthew R. Maynard Placer County Assessor 2980 Richardson Dr

Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

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 D	ESIGNATION OF CALIF	ORNIA ATTORNE	, STATE BAR NO	
The below named person is hereby authorized applicable, on the attached list, which are owner				rty listed below and, if
AGENT NAME	COMPANY NAM	E		<u> </u>
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)		7	EMAIL ADDRESS	
CITY	STATE ZIP CODE DA	AYTIME TELEPHONE	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PERSON	IAL P <mark>ROPERTY: A</mark> CCOU	JNT/ASSESSMENT NUMB.	BER
A list consisting ofadditional p and/or the account/assessment number for			arcel Numb <mark>er</mark> for each	parcel of real property
AUTHORITY				
☐ This agent is delegated full authority to hand materials that would be available to the und☐ Other (please specify)		with your office. Age	ent shall have access to	o all information and
DURATION OF AUTHORITY				
☐ This authorization is valid until (date): ☐ This authorization is valid for the calendar y				
This authorization is valid for a <u>period of not</u> unless revoked in writing or terminated by o		from the date of ex	xecution of this author	rization as indicated below,
	CERTIFIC	ATION		
The undersigned certifies that they own, posses to designate an agent to act on behalf of all designated agent and retains full responsibiliacknowledges they may be required to furnish agent.	of the owners of said pro ty for any and all actions	pperty. The undersig s this agent makes	ned acknowledges de on behalf of the owr	elegation of authority to the ner. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NUM	MBER .	
PRINT NAME		TITLE		
EMAIL ADDRESS		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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