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.



Matthew R. Maynard Placer County Assessor 2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

AUTHORIZATION OF AGENT 🗌 DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. _____

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	YNAME	C	Λ
MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. O. BOX)	772		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PE	RSONAL PROPERTY: ACCO	DUNT/ASSESSMENT NUMBE	ER
A list consisting of additional additional and/or the account/assessment number for			Parcel Number for each p	parcel of real property
AUTHORITY				
 This agent is delegated full authority to har materials that would be available to the uno Other (please specify) 		atters with your office. Ag	gent shall have access to	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 period of n unless revoked in writing or terminated by a 	o more than two (2) y	only. years from the date of	execution of this authori	zation as indicated below,
	CERT	IFICATION		
The undersigned certifies that they own, posse	ss, control or manage	the property referenced	in this authorization and	that they have the authority

to designate an agent to act on behalf of all of the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner. The undersigned also acknowledges they may be required to furnish additional information which the Assessor may request directly from the owner or through the agent.

 > SIGNATURE OF OWNER, PARTNER, OR OFFICER
 TELEPHONE NUMBER

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