EF-FC03-R01-0314-33000184-1 Form CAA-F03 (P1) (03-14)

## **AGENT AUTHORIZATION**



## Peter Aldana Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

## 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 O	F CALIFORN	A ATTORNE	Y, STATE BAR NO	
The below named person is hereby authorize applicable, on the attached list, which are ow					ty listed below and, if
AGENT NAME	СОМ	PANY NAME			<u> </u>
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	7/5		7	EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME (	TELEPHONE	ALTERNATE TELEPHONE  ( )	FAX TELEPHONE ( )
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	$\Lambda$	PERSONAL PR	OPERTY: ACCO	UNT/ASSESSMENT NUMBE	ER
A list consisting ofadditional and/or the account/assessment number f				arcel Number for each p	parcel of real property
AUTHORITY					
☐ This agent is delegated full authority to he materials that would be available to the u ☐ Other (please specify)		t matters with y	our office. Ago	ent shall have access to	all information and
DURATION OF AUTHORITY					
This authorization is valid until (date):					
☐ This authorization is valid for the calenda	r ye <mark>ar 2</mark> 0	only.			
☐ This authorization is valid for a <u>period of</u> unless revoked in writing or terminated by		(2) years from	the date of e	xecution of this authori	zation as indicated below,
	CE	RTIFICATIO	N		
The undersigned certifies that they own, post to designate an agent to act on behalf of a designated agent and retains full responsible acknowledges they may be required to furnagent.	all of the owners of bility for any and a	said property. Il actions this	The undersig agent makes	gned acknowledges del on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER			TELEPHONE NUI	MBER	
PRINT NAME			TITLE		
EMAIL ADDRESS			DATE		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS



EF-FC03-R01-0314-33000184

## **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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