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.

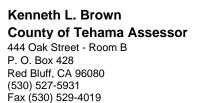
The below named person is hereby authorized to act on my/our behalf as agent in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled or managed by the undersigned.

AGENT NAME	COMPANY	NAME	C	Λ
MAILING ADDRESS (STREET ADD <mark>RE</mark> SS OR P. <mark>O. BOX)</mark>	7/2		EMAIL ADDRESS	
CITY	STATE ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
REAL PROPERTY: ASSESSOR'S PARCEL NUMBER	PE	RSONAL PROPERTY: ACCO	OUNT/ASSESSMENT NUMBE	ĒR
A list consisting ofadditional and/or the account/assessment number for			arcel Number for each p	parcel of real property
AUTHORITY				
 This agent is delegated full authority to har materials that would be available to the unit Other (please specify) 		tters with your office. Ag	ent shall have access to	all information and
DURATION OF AUTHORITY				
 This authorization is valid until (date): This authorization is valid for the calendar This authorization is valid for a <u>period of r</u> unless revoked in writing or terminated by 	year 20 (only. ears from the date of e	execution of this authorize	zation as indicated below,
	CERT	IFICATION		
The undersigned certifies that they own, posse to designate an agent to act on behalf of al designated agent and retains full responsibi acknowledges they may be required to furnis agent.	l of the owners of said lity for any and all ad	d property. The undersi tions this agent makes	gned acknowledges del s on behalf of the own	egation of authority to the er. The undersigned also
SIGNATURE OF OWNER, PARTNER, OR OFFICER		TELEPHONE NU	MBER	

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					
For Real Property:	For Personal Property:				
Assessor's Parcel Number (APN):	Account/Assessment Number:				
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