



KAENAN WHITMAN
Assessor-Recorder

AGENT AUTHORIZATION

(FOR ASSESSOR'S OFFICE USE ONLY; THIS AUTHORIZATION DOES NOT COVER ASSESSMENT APPEALS)

Return completed form to the County Assessor at the address below.

This is to authorize (Agent name) _____
(Business address) _____
(Telephone No.) _____ E-mail address: _____

to act in 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.

Business/Personal Property: Account Number: _____

A list consisting of _____ additional accounts is attached. Include the account number for each business name and address.

I. The *authority* of the agent is as follows: (please check appropriate items)

This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

Other (please specify) _____

II. The *duration* of this authorization is as follows: (please check appropriate items)

This authorization is valid until (date): _____

This authorization is valid for the calendar year 20_____ only.

This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization as indicated below, unless earlier revoked in writing or terminated by operation of law.

The undersigned certifies that they own, possess, 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 you or through the agent.

Signature of Owner, Partner, or Officer: _____

Print Name: _____ Telephone number: _____

Title (if Partner or Corporate Officer): _____ Date: _____

(ORIGINAL SIGNATURE IS REQUIRED)