



AGENT'S AUTHORIZATION FORM

1. APPLICANT / PROPERTY INFORMATION

APPLICATION NO. _____

APPLICANT'S NAME _____

APPLICANT'S STREET ADDRESS/P.O. Box _____

APPLICANT'S CITY/STATE/ZIP _____

SECURED: PARCEL/ASSESSMENT NO. _____ - _____ - _____ - _____

UNSECURED: PARCEL/ASSESSMENT NO. _____ - _____ - _____ - _____

This authorization covers the following calendar year*: _____

(*Calendar year is from Jan. 1 through Dec. 31 – each year a new authorization must be completed)

2. AGENT'S AUTHORIZATION

If the applicant is a corporation, limited partnership, or limited liability company, the agent's authorization must be signed by an officer or authorized employee of the business entity.

(Name of Agent)

(Agent's Company Name, if applicable)

(Agent's Address)

(Agent's phone) (Alternate phone) (Fax phone)

The above named person/company is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into stipulations, withdraw this application(s) and otherwise any settle issues relating to this application.

APPLICANT'S PRINTED NAME TITLE _____

APPLICANT'S SIGNATURE/DATE _____

3. AGENT'S CERTIFICATION

I hereby certify that a copy of the completed application for changed assessment has been forwarded to the applicant named in this application. If a copy of this form is being submitted, I will produce the original form with original signatures upon request or any action being requested will be denied.

(Name of Agent) (Agent's Company Name, if different)

(Signature of Agent/Date)