



Agent Authorization Form

Instructions: Applicants wishing to designate an agent with the Assessment Appeals Board and the Assessor-Recorder's Office should complete this Form and return a copy to the Assessment Appeals Board in City Hall, Room 405. A Form must be filed for each application, and a new Form must be filed each calendar year.

Applicant & Property Information

Applicant Name: _____

Applicant Mailing Address: _____

This Form covers: 1 property/assessment (*list property information below*)
 2 or more properties/assessments (*list property information on page 2 of this Form*)

Secured Property: Assessor's Parcel Number (block and lot): _____

Unsecured Property: Assessment Number: _____

Account Number: _____

Current calendar year: _____ (*covers 1/1 through 12/31*) _____ Applicant initials (required)

The named agent, during this annual filing period, is hereby authorized to file Assessment Appeal Applications and transact all business related to such filings, including the withdrawal of an application, on any and all assessments or property located within located within the City and County of San Francisco owned by this applicant. _____ Applicant initials (required)

The named agent, during this annual filing period, is hereby authorized to file Assessment Appeal Applications and transact all business relating to such filings, including the withdrawal of an appeal application, identified on the attached Multiple Property Statement form (page 2 of this Form) owned by this applicant. _____ Applicant initials (required)

Agent Designation

Agent Name: _____ Agent Company Name (if applicable): _____

Agent Address: _____

Agent Phone: _____ Alternate Phone: _____ Fax: _____

Email: _____

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING AND ALL INFORMATION HEREON, INCLUDING ANY ACCOMPANYING STATEMENTS OR DOCUMENTS IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE ABOVE NAMED PERSON/COMPANY IS HEREBY AUTHORIZED TO ACT AS MY AGENT AND MAY INSPECT THE ASSESSOR'S RECORDS, ENTER INTO STIPULATIONS, AND OTHERWISE SETTLE ISSUES RELATING TO THIS PROPERTY AND/OR APPLICATION.

Taxpayer Printed Name

Taxpayer Title

Taxpayer Signature

Date

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

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING AND ALL INFORMATION HEREON, INCLUDING ANY ACCOMPANYING STATEMENTS OR DOCUMENTS IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY CERTIFY THAT A COPY OF THE COMPLETED ASSESSMENT APPEAL APPLICATION ATTACHED TO THIS AUTHORIZATION HAS BEEN FORWARDED TO THE APPLICANT NAMED IN THIS APPLICATION. IF USING THE MULTIPLE PROPERTY STATEMENT FORM, THE PROPERTY(S) SUBJECT TO THIS SPECIFIC APPLICATION HAVE BEEN HIGHLIGHTED OR CLEARLY IDENTIFIED. UPON REQUEST, I WILL PRODUCE THIS ORIGINAL AGENT'S AUTHORIZATION FORM.

Agent Printed Name/Company Name

Agent Signature

Date

Multi-Property Designation:

If you are designating multiple properties and/or assessments with this Form, list each below.

Secured Property:

Assessor's Parcel Number (block and lot): _____

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Unsecured Property:

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____

Assessment Number: _____