



**ASSESSMENT APPEALS BOARD**

Office of the Clerk of the Board  
1221 Oak St., Suite 536  
Oakland, CA 94616  
(510) 272-6984; FAX (510) 208-9660  
<http://www.acgov.org/clerk/assessment.htm>

**AGENT AUTHORIZATION FORM**

**1. APPLICANT AND PROPERTY INFORMATION**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, TRUST NAME | EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

CITY | STATE | ZIP CODE | DAYTIME TELEPHONE ( ) | ALTERNATE TELEPHONE ( ) | FAX TELEPHONE ( )

**APPLICANT'S CERTIFICATION**

**✓ CHECK ONE**

- The below-named person/company is hereby authorized to file *Assessment Appeal Application* and transact all business relating to such filings on **all** assessments or property located within the county owned by this applicant.
- The named below-named person/company is hereby authorized to file *Assessment Appeal Application* and transact all business relating to such filings on **specific** property listed below or the specific properties listed on the separate sheet attached.

APPEAL NUMBER	SECURED: ASSESSOR'S PARCEL NUMBER	UNSECURED: ACCOUNT NUMBER
APPEAL NUMBER	SECURED: ASSESSOR'S PARCEL NUMBER	UNSECURED: ACCOUNT NUMBER
APPEAL NUMBER	SECURED: ASSESSOR'S PARCEL NUMBER	UNSECURED: ACCOUNT NUMBER

ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED

The below-named person/company is hereby authorized to act as my agent for my assessment appeal application(s) and may inspect Assessor's records, enter into stipulations, and otherwise settle issues related to my application(s) filed during the \_\_\_\_\_ calendar year (January 1 through December 31). Unless specific properties (Assessor Parcel Numbers and/or Account Numbers) are listed below, the person/company listed is authorized to act as my agent on all parcels and assessments located in Alameda County.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Title

**2. AGENT'S CERTIFICATION**

NAME OF AGENT OR ATTORNEY | E-MAIL ADDRESS

COMPANY NAME

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

CITY | STATE | ZIP CODE | DAYTIME TELEPHONE ( ) | ALTERNATE TELEPHONE ( ) | FAX TELEPHONE ( )

*Pursuant to California Property Tax Rule 305*, I certify that a copy of the completed Assessment Appeal Application(s) will be forwarded to the applicant. If a copy of the original authorization is submitted, I will submit an original signed authorization form upon request. An agent must have authorization to file an application at the time the application is filed; retroactive authorizations are not permitted.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Print Agent's Name

\_\_\_\_\_  
Date