

**MONTEREY COUNTY ASSESSMENT APPEALS BOARD**  
**AGENT AUTHORIZATION FORM**  
*(a copy to be filed with each application)*

**1. Applicant / Property Information**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's City/State/Zip: \_\_\_\_\_

This authorization applies to the following Parcel (s) and/or Assessment(s):

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Unsecured: \_\_\_\_\_

**2. Applicant's Authorization of Agent**

**The agent named herein is hereby authorized to act as my agent in this Application for Changed Assessment and may inspect assessor's records, enter into stipulations, withdraw this application and otherwise settle any issues relating to this application.**

Name of Agent: \_\_\_\_\_

Agent's authorized employees: \_\_\_\_\_

*(List names of all persons authorized to act on behalf of Agent on the Application for Changed Assessment)*

Agent's Address: \_\_\_\_\_

Agent's E-mail address: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_ Agent's Fax: \_\_\_\_\_

The agent is authorized to sign and file the Application for Changed Assessment in the following calendar year: \_\_\_\_\_

This agent authorization must be signed and dated by the applicant. If the applicant is a corporation, limited partnership, or a limited liability company, the agent's authorization must be signed by an officer or authorized employee of the entity who has the authority to file and act on this application on behalf of the entity.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name/Title (if applicable)

**3. Agent's Certification**

I hereby certify that a copy of the completed Application for Changed Assessment attached to this authorization has been forwarded to the applicant named in this application. Upon request, I will produce this original Agent's Authorization Form.

Name of Agent: \_\_\_\_\_ Agent's Signature: \_\_\_\_\_