

**ORANGE COUNTY CLERK OF THE BOARD, ASSESSMENT APPEALS DIVISION  
AGENT'S AUTHORIZATION FORM (Filed with Initial Application)**

See Instructions on Reverse Side

(Please Type or Print)

**1. APPLICANT / PROPERTY INFORMATION**

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S STREET ADDRESS/P.O. BOX \_\_\_\_\_

APPLICANT'S CITY/STATE/ZIP \_\_\_\_\_

SECURED: PARCEL/ASSESSMENT NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ • \_\_\_\_\_ OR  SEE ATTACHED LIST.

UNSECURED: PARCEL/ASSESSMENT NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR  SEE ATTACHED LIST.

**This authorization covers the following calendar years\*:** \_\_\_\_\_

(\*Calendar year is from Jan. 1 through Dec. 31. Authorization may not cover more than four consecutive years in the future, beginning with the year in which the authorization is signed.)

- The named agent during this annual filing period is hereby authorized to file applications for changed assessment and transact all business relating to such filings, including the withdrawal of an application, on any and all assessments or property located within the County of Orange owned by this applicant. \_\_\_\_\_ **(Applicant must initial this statement.)**
- The named agent during this annual filing period is hereby authorized to file applications for changed assessment and transact all business relating to such filings, including the withdrawal of an application, identified on the attached multiple property statement form **(COB-305-AM)** owned by this applicant. \_\_\_\_\_ **(Applicant must initial this statement.)**

**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.

**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. If using a multiple property statement form, the property(s) subject to this specific application have been highlighted or clearly identified. 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)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
DATE

# Instructions for Agent Authorization Form

## Box 1

Complete all sections in the “Application/Property Information” portion of the form and provide us with your current mailing address.

*Enter the calendar years this authorization is effective. NOTE: (\*Calendar year is from Jan. 1 through Dec. 31. May not cover more than four consecutive years in the future, beginning with the year in which the authorization is signed.)*

If you are authorizing a single agent to act on your behalf **for “all” property owned by you or your organization within Orange County**, check the appropriate box and initial that section.

If you are authorizing a single agent to act on your behalf **for property identified on the attached multiple property statement Form COB 305-AM**, check the

## Box 2

Complete this section to provide the agent’s contact information.

## Box 3

This box **must** be completed by the agent named in box 2.

## Signature & Date

The form must be **signed and dated at the bottom** by the applicant named in this application. Signatures in **blue** ink are preferred. Be sure to **print name and title** (if applicable) clearly. If a copy of this form is being submitted, you or your agent must produce the original form with original signatures upon request or any action being requested will be denied.

## Mail/Fax Completed Form to:

*Clerk of the Board of Supervisors  
Assessment Appeals Division  
P.O. Box 22023  
Santa Ana, CA 92702-2023  
Phone (714) 834-2331, Ext. 1  
Fax (714) 834-4185*