

**ORANGE COUNTY CLERK OF THE BOARD, ASSESSMENT APPEALS DIVISION  
REVOCATION / SUBSTITUTION OF ATTORNEY/AGENT**

See Instructions on Reverse Side

(Please Type or Print)

**1. APPLICANT / PROPERTY INFORMATION**

APPLICAITON NO. \_\_\_\_\_

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

APPLICANT'S STREET ADDRESS \_\_\_\_\_

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

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

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

**2. AGENT AUTHORIZATION AFTER INITITAL FILING OF APPEAL**

I hereby appoint \_\_\_\_\_ (Name of Agent or Attorney)  
as my authorized agent in the above-referenced application with authority to inspect assessor' records, enter into stipulations, and  
otherwise settle issues relating to the above-referenced application.

\_\_\_\_\_  
(Attorney/Agent's Company Name, if applicable)

\_\_\_\_\_  
(Attorney/Agent's Address)

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

(Agent's Phone)

(Alternate Phone)

(Fax Phone)

**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.)

**3. AGENT AUTHORIZATION SUBSTITUTION**

I hereby substitute \_\_\_\_\_ (Name of Agent or Attorney)  
as my authorized agent in the above-referenced application with authority to inspect assessor' records, enter into stipulations, and  
otherwise settle issues relating to the above-referenced application.

\_\_\_\_\_  
(Attorney/Agent's Company Name, if applicable)

\_\_\_\_\_  
(Attorney/Agent's Address)

**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.)

**4. AGENT AUTHORIZATION REVOCATION**

I hereby revoke and terminate authorization for the following agent to act as my agent in the above application.

\_\_\_\_\_  
(Name of Agent or Attorney)

\_\_\_\_\_  
(Attorney/Agent's Company Name, if applicable)

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

\_\_\_\_\_  
TITLE

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

\_\_\_\_\_  
DATE

HEARING DATE, IF APPLICABLE: \_\_\_\_\_

**FORM COB 306**

Revise: December 2019

# Instructions for Agent Authorization / Substitution / Revocation Form

## Box 1

Complete all sections in the “Applicant/Property Information” portion of the form if you are authorizing an agent to handle your *assessment appeal after the initial filing, changing agents (substituting a new agent for a former agent), or revoking an existing agent’s authorization.*

## Box 2

If you have not authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1 but now wish to do so, you must complete all sections within the “Agent Authorization After Initial Filing of Appeal” portion of the form, as well as all sections within Box 1.

## Box 3

If you have previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1 and now wish *to change agents (substitute a new agent in place of a former authorized agent)*, you must complete all sections within the “Agent Authorization Substitution” portion of the form, as well as all sections within Box 1 & Box 4.

## Box 4

If you previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1, *but now wish to handle the appeal yourself*, without the assistance of an agent, you must complete all sections within the “Agent Authorization Revocation” portion of the form (Box 4), as well as all sections within Box 1.

**Signature  
& Date**

The form must be **signed and dated at the bottom** with an *original signature*. Signatures in **blue** ink are preferred. Be sure to print name and title, if applicable, clearly.

Please retain a copy for your own records. Be sure to **return the form with the original signature to this office.**

**Mail/Fax  
Completed  
Form to:**

*Clerk of the Board of Supervisors  
Assessment Appeals Division*

*Calendaring/Judicial Support Unit  
P.O. Box 22023  
Santa Ana, CA 92702-2023  
Phone: (714) 834-3457  
Fax: (714) 834-4177*

*Application Processing Unit  
P.O. Box 22023  
Santa Ana, CA 92702-2023  
Phone: (714) 834-233, Ext. 1  
Fax: (714) 834-4185*