

# County of Santa Clara

Office of the Clerk of the Board of Supervisors  
Assessment Appeals Board  
County Government Center, 10th Floor East Wing  
70 West Hedding Street  
San Jose, California 95110-1770  
(408) 299-5088 FAX 298-8460 TDD 993-8272



## AGENT AUTHORIZATION FORM

### APPLICANT / PROPERTY INFORMATION

APN/Acct No.: \_\_\_\_\_ Application No.: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### AGENT'S CERTIFICATION

Name of Agent: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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.

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

\_\_\_\_\_  
Print Name

### AGENT AUTHORIZATION

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, and otherwise settle issues relating to this application filed during the \_\_\_\_\_ calendar year.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date