

AGENT AUTHORIZATION

Property Address _____ City _____

County _____

APN _____

Calendar Tax Year(s) _____

**To: The Assessor, Hearing Officers, Assessment Appeals Board, Auditor,
Tax Collector and Board of Supervisors,**

This will serve as formal authorization by _____ (property owner) that Appraisal 19, LLC, its agents and employees are hereby granted authority to act as our agent in all matters relating to the preparation and presentation of a Property Assessment Appeal(s) to the County Assessor, Hearing Officer and/or the County Assessment Appeals Board.

Appraisal 19 is authorized as follows:

- 1) To obtain any and all information previously submitted to County agencies that pertains to the assessment appeal.
- 2) To perform certain duties in connection with the appeal application, including performing a fair market valuation, appearing at hearings, negotiations, compromising, accepting a lower assessed value and withdrawing the application.

A photographic copy and/or facsimile copy of this authorization are deemed to be the equivalent of the original authorization and may be used as such.

Appraisal 19 will provide the property owner with a copy of the appeals application for this APN.

This authorization supersedes any previous or subsequent Agent Authorization(s) relative to above-stated assessor parcel number(s) and tax year(s).

AGREED _____
(Applicant signature)

Best Phone

(Print name)

Best Email

Title (owner, partner, officer, authorized employee)

Date