

# AGENT'S AUTHORIZATION

Yolo County Assessment Appeals Board  
(To be filed with original application)

This authorizes \_\_\_\_\_  
(Name of Agent)  
\_\_\_\_\_  
(Agent's Company Name if applicable)  
\_\_\_\_\_  
(Agent's Address)  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Agent's Phone) (Agent's Fax)

to sign and file application(s) for changed assessment \_\_\_\_\_ and act on our behalf as  
Agent in Assessment matter(s): (Insert year)

For the following listed parcel(s) owned or controlled by the undersigned (**specific parcel(s) covered by the authorization must be listed**):

\_\_\_\_\_  
\_\_\_\_\_

Having delegated the above authority, we accept full responsibility for any action taken within the scope of Agent's authority.

This Authorization is revocable with a letter signed by the applicant, owner, partner, corporate officer, or authorized employee who has been designated in writing by the board of directors or corporate officer to represent the corporation on property tax matters.

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Type or Print Name & Title: Owner, Partner, Officer, or Authorized Employee)  
\_\_\_\_\_  
(Type or Print Name of Business (if business entity))  
(\_\_\_\_\_) \_\_\_\_\_  
(Telephone Number)  
\_\_\_\_\_  
(Date of Execution)

THIS FORM MUST BE SIGNED BY APPLICANT (OWNER, PARTNER, OFFICER, OR AUTHORIZED EMPLOYEE). IF THE APPLICANT IS A CORPORATION, LIMITED PARTNERSHIP, OR LIMITED LIABILITY COMPANY, THE PERSON SIGNING THIS FORM MUST BE AN OFFICER OR AUTHORIZED EMPLOYEE OF THE BUSINESS ENTITY. IF THE PERSON IS AN EMPLOYEE, A COPY OF THE DOCUMENT, SIGNED BY A BOARD OF DIRECTORS MEMBER OR AN OFFICER, AUTHORIZING THE EMPLOYEE TO SIGN THIS FORM **MUST** BE ATTACHED.

**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 (R&T Code, Rule 305(a)(F))**

\_\_\_\_\_  
(Agent's Signature)