

# 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  
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## AGENT AUTHORIZATION AFTER INITIAL FILING OF APPEAL REVOCATION/SUBSTITUTION OF ATTORNEY/AGENT

### 1. APPLICANT/PROPERTY INFORMATION

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

### 2. AGENT'S AUTHORIZATION AFTER INITIAL FILING OF APPEAL

I hereby appoint \_\_\_\_\_ (name of agent or attorney) as my authorized agent in the above-referenced application filed during the \_\_\_\_\_ calendar year, and grant the authority to inspect assessor's records, enter into stipulations, or withdraw applications, and otherwise settle issues relating to the above-referenced application. This authorization is effective on the date entered below unless otherwise indicated. I recognize that if I fail to file a termination of the authorization granted hereunder with the Clerk of the Board, I shall be bound by all acts or omissions of my authorized agent occurring prior to such time as I have filed a termination with the Clerk of the Board. Please complete Attorney/Agent information below.

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Attorney/Agent Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 3. AGENT'S AUTHORIZATION SUBSTITUTION

I hereby substitute \_\_\_\_\_ (name of agent or attorney) as my authorized agent in the above-referenced application filed during the \_\_\_\_\_ calendar year, and grant the authority to inspect assessor's records, enter into stipulations, or withdraw applications, and otherwise settle issues relating to the above-referenced application. This authorization is effective on the date entered below unless otherwise indicated. I recognize that if I fail to file a termination of the authorization granted hereunder with the Clerk of the Board, I shall be bound by all acts or omissions of my authorized agent occurring prior to such time as I have filed a termination with the Clerk of the Board. Please complete Attorney/Agent information below:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Attorney/Agent Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 4. AGENT'S AUTHORIZATION REVOCATION

I hereby revoke and terminate authorization for the following agent to act as my agent in the above application. This authorization is effective on the date entered below unless otherwise indicated. Please complete Attorney/Agent information below:

Name of Agent/Attorney: \_\_\_\_\_ Agent or Attorney Company Name: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_

Applicant Print Name \_\_\_\_\_ Date \_\_\_\_\_

Hearing Date (If applicable) \_\_\_\_\_

# INSTRUCTIONS FOR REVOCAATION/SUBSTITUTION OF ATTORNEY/AGENT

## Section 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.*

## Section 2

*If you have not authorized an agent to act on your behalf with respect to the assessment appeal identified in Section 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 with Section 1.*

## Section 3

*If you have previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Section 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 Section 1 and Section 4.*

## Section 4

If you *previously authorized an agent* to act on your behalf with respect to the assessment appeal identified in Section 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 (Section 4), as well as all fields within Section 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 Completed Form to:

Clerk of the board of Supervisors  
Assessment Appeals Division  
70 West Hedding Street, East Wing, 10<sup>th</sup> Floor  
San Jose, CA 95110  
Or Fax to: (408) 298-8460