

County of Santa Clara

Office of the Clerk of the Board of Supervisors
Assessment Appeals Board
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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