

# County of Santa Clara

Office of the Clerk of the Board of Supervisors  
Assessment Appeals



County Government Center, 10<sup>th</sup> Floor, East Wing  
70 West Hedding Street  
San Jose, California 95110-1770  
(408) 299-5088 • FAX (408) 298-8460 • TDD (408) 993-8272  
assessmentappeals@cob.sccgov.org • sccgov.org/assessmentappeals

## 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/attorney) as my authorized agent in the above-referenced application and grant the authority to inspect the assessor's records, enter into stipulations, or withdraw applications, and otherwise settle issues relating to the above-referenced application. This authorization is effective for the calendar year(s) \_\_\_\_\_. This authorization must be completed for the specific year in which the application is filed, or years indicated, limited to four consecutive calendar years. (See Property Tax Rule 305(a)(1)(B).) 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: \_\_\_\_\_ Email address: \_\_\_\_\_

### 3. AGENT'S AUTHORIZATION SUBSTITUTION

I hereby appoint \_\_\_\_\_ (name of agent/attorney) as my authorized agent in the above-referenced application and grant the authority to inspect the assessor's records, enter into stipulations, or withdraw applications, and otherwise settle issues relating to the above-referenced application. This authorization is effective for the calendar year(s) \_\_\_\_\_. This authorization must be completed for the specific year in which the application is filed, or years indicated, limited to four consecutive calendar years. (See Property Tax Rule 305(a)(1)(B).) 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: \_\_\_\_\_ Email address: \_\_\_\_\_

### 4. AGENT'S AUTHORIZATION REVOCATION

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

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

\_\_\_\_\_  
Applicant Signature Title  
\_\_\_\_\_  
Applicant Name (Please Print) Date Signed Hearing Date (if applicable)

**INSTRUCTIONS FOR  
REVOCAION/SUBSTITUTION OF ATTORNEY/AGENT**

- SECTION 1:** Complete all information requested in the “Applicant/Property Information” portion of the form if you are authorizing an agent to handle your assessment appeal after the initial filing of the application, 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 items in Sections 1 & 2.
- 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 items in Sections 1, 3, & 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 items in Sections 1 & 4.
- SIGNATURE:** The form must be signed and dated with an original signature or DocuSign. Original signatures in blue ink are preferred. Be sure to print the 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:** Mail completed form to:

Clerk of the Board of Supervisors  
Assessment Appeals Division  
County Government Center, 10<sup>th</sup> Floor, East Wing,  
70 W. Hedding Street  
San Jose, CA 95110

DocuSigned forms may be emailed to: [AssessmentAppeals@cob.sccgov.org](mailto:AssessmentAppeals@cob.sccgov.org)