

# County of Santa Clara

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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(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. Property Tax Rule 305(a)(1)(B)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date