

**TULARE COUNTY ASSESSMENT APPEALS  
REVOCATION/SUBSTITUTION OF ATTORNEY/AGENT**

See Instructions on Reverse Side

(Please Type or Print)

**1. APPLICANT / PROPERTY INFORMATION**

PETITION/APPEAL NO. \_\_\_\_\_  
APPLICANT'S NAME \_\_\_\_\_  
APPLICANT'S STREET ADDRESS \_\_\_\_\_  
APPLICANT'S CITY/STATE/ZIP \_\_\_\_\_  
SECURED: PARCEL/ASSESSMENT NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
UNSECURED: PARCEL/ASSESSMENT NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2. AGENT AUTHORIZATION AFTER INITITAL FILING OF APPEAL**

☐ I hereby appoint \_\_\_\_\_  
(Name of Agent or Attorney)  
as my authorized agent in the above-referenced application with authority to inspect assessor's records, enter into stipulations, and otherwise settle issues relating to the above-referenced application.  
  
\_\_\_\_\_  
(Attorney/Agent's Company Name, if applicable)  
  
\_\_\_\_\_  
(Attorney/Agent's Address)  
  
\_\_\_\_\_  
(Attorney/Agent's phone) (Alternate phone) (Fax)

**3. AGENT AUTHORIZATION SUBSTITUTION**

☐ I hereby substitute \_\_\_\_\_  
(Name of Agent or Attorney)  
as my authorized agent in the above-referenced application with authority to inspect assessor's records, enter into stipulations, and otherwise settle issues relating to the above-referenced application.  
  
\_\_\_\_\_  
(Attorney/Agent's Company Name, if applicable)  
  
\_\_\_\_\_  
(Attorney/Agent's Address)  
  
\_\_\_\_\_  
(Attorney/Agent's phone) (Alternate phone) (Fax)

**4. AGENT AUTHORIZATION REVOCATION**

☐ I hereby revoke and terminate authorization for the following agent to act as my agent in the above application.  
  
\_\_\_\_\_  
(Name of Agent or Attorney)  
  
\_\_\_\_\_  
(Attorney/Agent's Company Name, if applicable)

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

HEARING DATE, IF APPLICABLE: \_\_\_\_\_

# Instructions for Agent Authorization/Substitution/Revocation Form

## Box 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.*

## Box 2

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

## Box 3

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

## Box 4

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

*Board of Supervisors  
Assessment Appeals Division  
2800 W. Burrel Avenue  
Visalia, CA 93291  
Fax: (559) 615-3009*