

**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*