

**TULARE COUNTY ASSESSMENT APPEALS**  
**AGENT'S AUTHORIZATION FORM (Filed with Initial Application)**

See Instructions on Reverse Side

(Please Type or Print)

**1. APPLICANT / PROPERTY INFORMATION**

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

APPLICANT'S STREET ADDRESS/P.O. Box \_\_\_\_\_

APPLICANT'S CITY/STATE/ZIP \_\_\_\_\_

SECURED: PARCEL/ASSESSMENT NO.: \_ \_ \_ - \_ \_ - \_ \_ - \_ \_ \_

UNSECURED: PARCEL/ASSESSMENT NO.: \_ \_ \_ - \_ \_ - \_ \_ - \_ \_ \_

This authorization covers the following calendar year or years\*: \_\_\_\_\_

(\*Calendar year is from Jan. 1 through Dec. 31, authorization can cover a period of 1, 2, 3 or 4 calendar years)

The agent named herein is authorized to file applications for changed assessment and transact all business relating to such filings, including the withdrawal of an application, on any and all assessments or property located within the County of Tulare owned by this applicant for the number of calendar years set forth above. \_\_\_\_\_ (Applicant's initials)

The agent named herein is authorized to file applications for changed assessment and transact all business relating to such filings, including the withdrawal of an application, identified on the attached multiple property statement form owned by this applicant for the number of calendar years set forth above. \_\_\_\_\_ (Applicant's initials)

**2. AGENT'S AUTHORIZATION**

*If the applicant is a corporation, limited partnership, or limited liability company, the agent's authorization must be signed by an officer or authorized employee of the business entity.*

\_\_\_\_\_  
(Name of Agent)

\_\_\_\_\_  
(Agent's Company Name, if applicable)

\_\_\_\_\_  
(Agent's Address)

( ) \_\_\_\_\_  
(Agent's phone)

( ) \_\_\_\_\_  
(Alternate phone)

( ) \_\_\_\_\_  
(Fax)

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, withdraw this application(s) and otherwise any settle issues relating to this application.

**3. AGENT'S CERTIFICATION**

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. If using a multiple property statement form, the property(ies) subject to this specific application have been highlighted or clearly identified. If a copy of this form is being submitted, I will produce the original form with original signatures upon request or any action being requested will be denied.

\_\_\_\_\_  
(Name of Agent )

\_\_\_\_\_  
(Agent's Company Name, if different)

\_\_\_\_\_  
(Signature of Agent)

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

\_\_\_\_\_  
TITLE

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

\_\_\_\_\_  
DATE

# Instructions for Agent Authorization Form

## Box 1

Complete all sections in the “Application/Property Information” portion of the form and provide us with your current mailing address.

*Enter the calendar year or years this authorization is effective.* **NOTE:** Authorizations can only be effective for full calendar years, and for no more than four consecutive calendar years.

If you are authorizing a single agent to act on your behalf **for “all” property owned by you or your organization within Tulare County**, check the appropriate box and initial that section.

If you are authorizing a single agent to act on your behalf **for property identified on the attached multiple property statement Form**, check the appropriate box

## Box 2

Complete all sections.

## Box 3

This box **must** be completed by the agent named in box 2.

## Signature & Date

The form must be **signed and dated at the bottom** by the applicant named in this application. Signatures in **blue** ink are preferred. Be sure to **print name and title** (if applicable) clearly. If a copy of this form is being submitted, you or your agent must produce the original form with original signatures upon request or any action being requested will be denied.

## Mail/Fax Completed Form to:

*Clerk of the Board of Supervisors  
Assessment Appeals Division  
2800 W. Burrel Avenue  
Visalia, CA 93291  
Fax: (559)733-6898*