



**Clerk of the Board
Division of Assessment Appeals**

P.O. Box 1628 Riverside, CA 92502-1628
Phone: 951.955.9688 Fax: 951. 955.1409
Email: AAB@rivco.org

AGENT'S AUTHORIZATION FORM (Filed with this Initial Application)

1. APPLICANT/PROPERTY INFORMATION (Please Type or Print)

Applicant's Name: _____

Applicant's Address/P.O. Box: _____ City/Zip Code/State: _____

SECURED PARCEL/PIN NO: _____

UNSECURED PARCEL/PIN NO: _____

Authorization covers the following calendar year*: _____

**Calendar year is from Jan. 1 through Dec. 31-each year an authorization must be completed*

PLEASE NOTE: IF MULTIPLE PROPERTIES, PLEASE ATTACH AN AGENT AUTHORIZATION MULTIPLE PROPERTY STATEMENT FORM, LISTING AND IDENTIFYING ALL PROPERTIES BY PARCEL/ASSESSMENT NUMBERS

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.

Agent's Name: _____

Agent's Company Name and Address: _____

Agent's Phone: _____ Agent's Email: _____

Agent's Fax No.: _____

The above named person/company is hereby authorized to act as my agent in this application and may inspect Assessor's records, agree to continuance(s), enter into stipulations, withdraw the application(s), and otherwise settle any issues relating to the Assessment Appeal Application(s)

3. AGENT'S CERTIFICATION

I hereby certify that a copy of the completed Assessment Appeal Application, attached to this authorization, has been forwarded to the applicant named in the application. If a copy of this form is being submitted, or the form is being submitted electronically, I will produce the original form with original signatures upon request or any action requested will be denied.

Agent's Name: _____ Agent's Signature: _____ Date: _____

Applicant's Name: _____ Applicant's Signature: _____ Date: _____