



**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

**REVOCATION/SUBSTITUTION OF ATTORNEY/AGENT**

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

Applicant's Name: \_\_\_\_\_ Application No: \_\_\_\_\_

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

SECURED PARCEL/PIN NO: \_\_\_\_\_ UNSECURED PARCEL/PIN NO: \_\_\_\_\_

**2. AGENT'S AUTHORIZATION AFTER INITIAL 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, withdraw application(s), and otherwise settle issues relating to the above-referenced application(s).

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 AUTHORIZATION SUBSTITUTION**

I hereby substitute: \_\_\_\_\_  
(Name of Agent or Attorney)

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)

Agent's Name: \_\_\_\_\_ Agent's Address: \_\_\_\_\_

Agent's Phone No: \_\_\_\_\_ Agent's Email: \_\_\_\_\_

Agent's Fax No: \_\_\_\_\_

**4. AGENT'S AUTHORIZATION REVOCATION**

I hereby revoke and terminate authorization for the following agent/attorney to act as my agent in the above application(s). This authorization is effective on the date entered below unless otherwise indicated.

Agent's Name: \_\_\_\_\_ Agent's Company: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_