

Office of the Assessor

County of Santa Clara

West Tasman Campus
130 West Tasman Drive
San Jose, CA 95134
(408) 299-5500 www.sccassessor.org



Lawrence E. Stone, Assessor

Return completed form to the County Assessor at the above address.

This is to authorize (name) _____
(address) _____

to act in my/our behalf as agent in assessment matters for those properties, a list of which is attached, * which are owned, possessed, controlled or managed by the undersigned.

I. The *authority* of the agent is as follows: (please check appropriate items.)

This agent is delegated full authority to handle all matters relative to assessments with your office. You are to divulge to the agent any and all information that this firm has submitted to you.

Other (please specify) _____

II. The *duration* of this authorization is as follows: (please check appropriate items)

This authorization is for the calendar year of 20__ only.

This authorization will be in force and effect until such time as your office acknowledges receipt of a revocation in writing of this authority, but in no event, for a period of more than two years from date of signing of this authorization, as indicated below.

While we have delegated the above authority to this agent, we accept full responsibility for any and all actions the agent makes in our behalf. We understand that we may be required to furnish additional information which at our option may be provided directly or through this agent to you.

BOARD OF DIRECTORS' AUTHORIZATION:

Full Legal Name if incorporated: _____

Signature of Owner, Partner, or Officer: _____

Print Name _____ Telephone number _____

Title: _____ Date: _____

* Real Estate, list by Parcel Number or Address.
Personal Property, list by Address.