

CITY & COUNTY OF SAN FRANCISCO - ASSESSMENT APPEALS BOARD
AGENT'S AUTHORIZATION FORM (A COPY TO BE FILED WITH EACH APPLICATION)

See Instruction on Reverse Side

(Please Type or Print)

1. APPLICANT / PROPERTY INFORMATION

APPLICANT'S NAME _____

APPLICANT'S MAILING ADDRESS _____

APPLICANT'S CITY/STATE/ZIP _____

SECURED: BLOCK & LOT NUMBER: _____ - _____

UNSECURED: ASSESSMENT NUMBER: _____ - _____

THIS AUTHORIZATION COVERS THE FOLLOWING CALENDAR YEAR*: _____

*Calendar Year is from Jan. 1st - Dec. 31st. A new Authorization Form must be completed for each year.

☐ The named agent, during this annual filing period, is hereby 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 City and County of San Francisco owned by this applicant.

_____ (Applicant must initial this statement.)

☐ The named agent, during this annual filing period, is hereby 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 (AAB 305-AM) owned by this applicant.

_____ (Applicant must initial this statement.)

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 Number) (E-Mail Address)

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, and otherwise 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(s) subject to this specific application have been highlighted or clearly identified. Upon request, I will produce this original Agent's Authorization Form.

(Name of Agent)

(Agent's Company Name, if different)

(Signature of Agent)

APPLICANT'S PRINTED NAME

TITLE

APPLICANT'S SIGNATURE

DATE