

**RIVERSIDE COUNTY CLERK OF THE BOARD, ASSESSMENT APPEALS DIVISION  
AGENT'S AUTHORIZATION FORM (Filed with Initial Application)**

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

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\*: \_\_\_\_\_

(\*Calendar year is from Jan. 1 through Dec. 31 – each year a new authorization must be completed)

**PLEASE NOTE: IF THE AGENT'S AUTHORIZATION IS SUBMITTED FOR MULTIPLE PROPERTIES, A SEPARATE PAGE SHOULD BE ATTACHED TO THIS AUTHORIZATION LISTING AND IDENTIFYING ALL PROPERTIES BY PARCEL / ASSESSMENT NUMBER(S).**

**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 Email Address)

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

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

\_\_\_\_\_  
(Agent's Phone) \_\_\_\_\_ \_\_\_\_\_  
(Alternate Phone) (Fax Number)

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.

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

\_\_\_\_\_  
(Agent's Signature)

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

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