

**RIVERSIDE COUNTY CLERK OF THE BOARD, ASSESSMENT APPEALS DIVISION
REVOCATION / SUBSTITUTION OF ATTORNEY / AGENT**

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

APPLICATION NO.: _____ HEARING DATE (if applicable): _____

APPLICANT'S NAME: _____

APPLICANT'S STREET ADDRESS: _____

APPLICANT'S CITY/STATE/ZIP: _____

SECURED PARCEL / ASSESSMENT NO.: _____

UNSECURED PARCEL / ASSESSMENT NO.: _____

2. AGENT 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 the application(s), and otherwise settle issues relating to the above-referenced application.

(Attorney / Agent's Company Name, if applicable)

(Attorney / Agent's Address)

(Attorney / Agent's Phone)

(Alternate Phone or Fax)

(Attorney / Agent's Email)

3. AGENT AUTHORIZATION SUBSTITUTION

I hereby substitute _____

(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 the application(s), and otherwise settle issues relating to the above-referenced application.

(Attorney / Agent's Company Name, if applicable)

(Attorney / Agent's Address)

(Attorney / Agent's Phone)

(Alternate Phone or Fax)

(Attorney / Agent's Email)

4. AGENT 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.

(Name of Agent or Attorney)

(Attorney / Agent's Company Name, if applicable)

APPLICANT'S PRINTED NAME

TITLE

APPLICANT'S SIGNATURE

DATE

INSTRUCTIONS FOR AGENT AUTHORIZATION / SUBSTITUTION / REVOCATION
FORM

1. Complete all sections in the “Applicant / Property Information” portion of the form if you are authorizing an agent to handle your assessment appeal after the initial filing, changing agents (substituting a new agent for a former agent), or revoking an existing agent’s authorization.
2. If you have not authorized an agent to act on your behalf with respect to the assessment appeal identified in section 1 but now wish to do so, you must complete the entire Section 2.
3. If you have previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Section 1 and now wish to change agents (substitute a new agent in place of a former authorized agent), you must complete the entire Section 3, as well as Sections 1 and 4.
4. If you previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Section 1, but now wish to handle the appeal yourself, without the assistance of an authorized agent, you must complete Section 4.

Signature & Date: The form must be signed and dated at the bottom with an original signature by the applicant / owner of the property as listed in Section 1. If the applicant is a corporation, limited partnership, or limited liability company, the form must be signed by an officer or authorized employee of the business entity.

Mail completed form to: Clerk of the Board of Supervisors
Assessment Appeals Division
4080 Lemon Street, 1st Floor
P O Box 1628
Riverside, CA 92502-1628