

# COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

B4 KENNETH HAHN HALL OF ADMINISTRATION / LOS ANGELES CALIFORNIA 90012 PHONE (213) 974-1471 / FAX (213) 217-4979

## INSTRUCTIONS FOR ASSESSMENT APPEALS APPLICANT

### AGENT'S AUTHORIZATION ATTACHMENT TO ASSESSMENT APPEALS APPLICATION

This is to inform you that the authorization for an agent to sign and file an assessment appeals application on your behalf must be on the application form or on a form attached to the application. If you choose to attach an agent's authorization to the application, please use the attached form.

Once you have completed the agent's authorization, the form must be attached to the application before filing with the clerk of the Assessment Appeals Board at the following address:

Assessment Appeals Board 500 W. Temple Street, Room B4 Los Angeles, California 90012-2770

#### Please note this form is to be used only when filing an assessment appeals application.

If you wish to (1) authorize an agent to represent you in matters relating to the Office of the Assessor and/or Auditor Controller, or (2) authorize a new agent or substitute an agent after the assessment appeals application has been filed, you may use the form titled Authorization/Substitution of Agent form for Assessment, Property or Tax Appeal Matters (Form No. EXM 202). You may obtain this form from the clerk of the Assessment Appeals Board in person (See above reference address), by telephone at (213) 974-1471, or you may download the form from our website at:

http://www.bos.lacounty.gov/Forms.aspx

If you have any questions relative to this matter, please contact the Assessment Appeals Board staff at (213) 974-1471.

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### AGENT'S AUTHORIZATION ATTACHMENT TO ASSESSMENT APPEALS APPLICATION

Agent's Nam	e:	
	(prin	t or type)
Telephone N	lress:	a or type)
Fax No.:		
Tax Agent R	egistration Number:	
		ent appeals applications on behalf of the endar year with regard to the following:
(Please check	applicable box)	
	tion Number for secured prope	ach parcel/assessment by Assessor's erty or Tax Bill Number for unsecured
-	els and assessments located in	the County of Los Angeles. de the applicant with a copy of the application.
Executed on		, at (City, State, Zip Code)
	(Month, Day, Year)	(City, State, Zip Code)
Ву	Print Name of Property Owner/Taxpayer (	name of individual or business or legal entity)
	Signature of Prop	erty Owner/Taxpayer
	ehalf of a business or legal entity, yo as individuals do not need to comple	bu must also complete the information requested below. ete the remainder of this form.)

Print Name (person signing this form)

Title (partner, officer, authorized employee of corporate or business entity, trustee, etc.)