



County of San Bernardino
Clerk of the Board of Supervisors

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554
Internet: www.sbcounty.gov/assessmentappeals

AGENT AUTHORIZATION FORM FOR ASSESSMENT APPEAL(S)

Please submit only one Agent Authorization Form for each applicant.
Forms containing multiple applicants or businesses will not be accepted.

APPLICANT INFORMATION

Applicant Name:
Mailing Address:
City: State: Zip:
Telephone Number: () - Fax Number: () -
Email Address:

I do hereby authorize the person named below to act as my agent in all matters relative to assessment appeals and to provide me a copy of the Assessment Appeal Application filed on my behalf. This authorization includes the filing of applications and appearances at Assessment Appeals Board Hearings. The agent may also inspect the Assessor's records, enter into stipulations and otherwise settle issues relating to:

Real Property Only - APN: Assessment Year:
Personal Property Only - APN: Assessment Year:

AGENT INFORMATION

Agent Name:
Mailing Address:
City: State: Zip:
Telephone Number: () - Fax Number: () -
Email Address:

Please note: Altered forms will not be accepted and will be returned unprocessed.

APPLICANT CERTIFICATION

Applicant Signature Date
Title (Owner, Partner, Officer) Company (If Applicable)