



**San Bernardino County
Clerk of the Board of Supervisors
Assessment Appeals**

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554
Email: Appeals@cob.sbcounty.gov
Internet: cob.sbcounty.gov

AGENT AUTHORIZATION FORM

Please submit only one Agent Authorization Form for each appeal application. If you are attaching a list identifying multiple properties, it must be for the same applicant's name.

APPLICANT INFORMATION – information below should match information on the application form.

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 is for calendar year(s): _____

Calendar Year is January 1 through December 31. This authorization must be completed for the specific year in which the application is filed or years indicated, limited to four consecutive calendar years in the future beginning with the year in which the authorization was signed. See Property Tax Rule 305(a)(1)(B).

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:

Property APN: _____ Assessment Year: _____
 Appeal Number: _____

AGENT INFORMATION – information below should match information on the application form

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

APPLICANT CERTIFICATION

 Applicant Signature Date

***Please fax, mail, or email the completed form to the number or address listed above.
Altered forms will not be accepted.***