



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

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

**REVOCATION AND/OR SUBSTITUTION OF AGENT FORM**

Please submit only one Revocation and Substitution of Agent Form for each appeal application.  
Forms containing multiple applicants, businesses, or attachments will not be accepted.

<b>APPLICANT INFORMATION</b>
Name :

<b>REVOCATION OF AGENT AUTHORIZATION</b>
I hereby revoke and terminate authorization for the following agent/agency to act on my behalf in all matters relative to assessment appeals regarding the property listed below. This revocation is effective on the signature date below unless otherwise indicated.
Agent or Attorney Name: _____
Company Name (if applicable): _____
Appeal Number: _____ Assessment Year: _____
Property APN: _____

<b>AUTHORIZATION FOR SUBSTITUTION OF AGENT</b>
I hereby substitute and authorize the person/agency named below to act as my agent in all matters relative to assessment appeals.
<b>THIS AUTHORIZATION IS FOR CALENDAR YEAR(S):</b> _____
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 appearances at Assessment Appeals Board hearings. The agent/agency listed may also inspect the Assessor's records, enter into stipulations, and otherwise settle issues relating to the property listed below. This agent authorization substitution is effective on the signature date below unless otherwise indicated.
Agent or Attorney Name: _____
Company Name (if applicable): _____
Mailing Address: _____ City/State: _____ Zip: _____
Contact Phone: _____ Fax: _____
Email Address: _____
Real Property Only – APN: _____ Assessment Year: _____
Personal Property Only – APN: _____ Assessment Year: _____

<b>APPLICANT CERTIFICATION</b>	
Applicant Signature	Signature Date

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