AGENT AUTHORIZATION / DESIGNATION OF ATTORNEY FOR ASSESSOR MATTERS

Claude Parrish
Orange County Assessor
500 S. Main Street, First Floor, Suite 103
Orange, CA 92868-4512
or
P.O. Box 1949
Santa Ana, CA 92702-1949
(714) 834-2930
www.ocassessor.gov

This form may be filed to authorize an agent or designate a California attorney to represent the property owner in all property tax assessment matters with the Assessor's office that are not related to an assessment appeal.

NOTE: For an assessment appeal authorization please use BOE-305-AG, *Authorization of Agent/Designation of Attorney.*

INSTRUCTIONS

If this form is used to authorize an agent, choose Authorization of Agent. An owner, partner, or officer must complete and sign the form.

If this form is used to designate representation by a California Attorney, choose Declaration of California Attorney. An owner, partner, or officer must complete and sign the form, or the attorney may complete and sign the form on the owner's behalf.

If this form is used to revoke or terminate authorization of an agent or attorney, choose the Revocation option. An owner, partner, or officer must complete the required information below the option and sign the form.

Mail or fax the completed form to the Assessor at the address shown.

SUBJECT PROPERTY

PROPERTY ADDRESS (STREET, CITY, STATE, ZIP CODE)

REAL PROPERTY: ASSESSOR'S PARCEL/IDENTIFICATION NUMBER	PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER

☐ Check here for multiple properties. List additional properties on page 2 or attach a separate page.

☐ **AUTHORIZATION OF AGENT** ☐ **DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.** _____

The below-named person or company is hereby authorized to act on my/our behalf as agent or is designated as my/our/the attorney in assessment matters for the property listed above and, if applicable, on the attached list, which are owned, possessed, controlled, or managed by the undersigned or by the owner(s) represented by the undersigned, if signed by an attorney.

If the owner is a corporation, limited partnership, or limited liability company, the authorization must be signed by an officer or authorized employee of the business entity. This requirement does not apply if the form is signed by an attorney representing the owner.

NAME OF AGENT OR ATTORNEY			COMPANY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS		
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ( )	ALTERNATE TELEPHONE ( )	FAX NUMBER ( )

AUTHORITY *(please check all applicable items)* THIS SECTION IS NOT NECESSARY FOR LICENSED CALIFORNIA ATTORNEYS

☐ This agent is delegated full authority to handle all assessment matters within the Assessor's office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ This agent is delegated full authority to sign Business Property Statements as provided under California Revenue and Taxation Code section 441(e).

☐ Other (please specify): _____

DURATION OF AUTHORITY THIS SECTION APPLIES TO BOTH AGENTS AND LICENSED CALIFORNIA ATTORNEYS

☐ This authorization is valid until (date): _____

☐ This authorization is valid for the calendar year 20_____ only.

☐ This authorization is valid for a period of no more than four (4) years from the date of execution of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

☐ **REVOCATION** AUTHORIZATION IS HEREBY REVOKED AND TERMINATED FOR THE BELOW-NAMED PERSON/COMPANY TO ACT AS MY AGENT OR ATTORNEY.

NAME OF AGENT OR ATTORNEY			COMPANY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS		
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ( )	ALTERNATE TELEPHONE ( )	FAX NUMBER ( )

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) I own, possess, control, or manage the property referenced in this authorization; (2) I have the authority to designate an agent/attorney to act on behalf of all of the owners of said property. I acknowledge delegation of authority to the designated agent/attorney and retain full responsibility for any and all actions this agent/attorney makes on behalf of the owner. I also acknowledge I may be required to furnish additional information which the Assessor may request directly from the owner or through the agent/attorney; (3) I have the authority to revoke an agent/attorney to act on behalf of all of the owners of said property and; (4) the foregoing and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF OWNER, PARTNER, OR OFFICER ▶	COMPANY NAME OR DBA	
PRINT NAME	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ( )	DATE

ATTORNEY SIGNATURE (if applicable)

SIGNATURE OF ATTORNEY (if representing owner) ▶	EMAIL ADDRESS	
PRINT NAME	DAYTIME TELEPHONE ( )	DATE

AUTHORIZATION OF AGENT/DESIGNATION OF ATTORNEY FOR MULTIPLE PROPERTIES

OWNER NAME	
For Real Property:	***For Personal Property:***
ASSESSOR'S PARCEL NUMBER/PROPERTY ADDRESS:	ACCOUNT OR ASSESSMENT NUMBER/BUSINESS NAME AND ADDRESS:
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PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS