

**SOLANO COUNTY
ASSESSMENT APPEALS BOARD**

AGENT AUTHORIZATION

*(An agent must have authorization at the time the application is filed;
retroactive authorizations are not permitted.)*

ALL BLANKS MUST BE FILLED IN

The agent named below is hereby authorized to file applications for changed assessment and transact all business relating to such filings, including the withdrawal of an application on assessments or property, owned by this applicant, listed below, on the attached sheet or located within **Solano County** during the calendar year of _____ (*Calendar year is from Jan. 1 through Dec. 31. A new authorization must be completed each year.)

AGENCY:

AGENT'S NAME:

AGENT'S ADDRESS:

AGENT'S PHONE NO.:

PROPERTY OWNER NAME:

PROPERTY NAME/ADDRESS:

PARCEL NUMBER(S):

AUTHORIZING APPLICANT/EMPLOYEE:

(If the applicant is a corporation, limited partnership, or limited liability company, an officer or authorized employee of the business entity must sign the authorization.)

Signature of Applicant/Employee

Print Name and Title (owner, President, V.P., etc.)

DATE SIGNED:

APPLICANT'S ADDRESS:

APPLICANT'S PHONE NUMBER:



AGENT'S CERTIFICATION:

I certify that a copy of the completed application for changed assessment attached to this authorization has been forwarded to the applicant named in this application. If a copy of this form is being submitted, I will produce the original form with original signatures upon request. Failure to do so may result in the requested action being denied. While we have delegated the above authority, we accept full responsibility for any and all actions taken within the scope of agent's authority.

(Agency Name)

(Name of Agent)

(Signature of Agent)

(Date Signed)