



County of Santa Cruz

CLERK OF THE ASSESSMENT APPEALS BOARD

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

Assessment Appeals Board Agent Revocation Form

Applicant Information:

Applicant Name: _____ Contact Phone No: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Email Address: _____

Appeal Application Information:

Appeal No.	Assessor Parcel No.	Name of Previous Authorized Agent

Agent/Attorney Information:

Agent/Attorney Name: _____ Agency: _____

Contact Phone No: _____ Fax No.: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Email Address: _____

Authorization is hereby revoked and terminated for the above-named person/company to act as my agent or attorney.

I hereby certify that I am the applicant for the appeal identified above, acknowledge that by submitting this form I will have NO AUTHORIZED AGENT, and am executing this statement as of the date shown below.

Name of Applicant

Date

Signature of Applicant

Name/Title (if applicable)

Note: By submitting this form, the agent/company listed above will be removed from the Application file and the Clerk will have no further correspondence with nor send documents regarding this Application to the removed agent. Submitting this form will result in having NO AUTHORIZED AGENT ON FILE.

If the Applicant for the appeal identified above intends to substitute their authorized agent, please use the Agent Substitution form available on the Santa Cruz County Assessment Appeals Board website.

If the Applicant for the appeal identified above decides to authorize a new agent/attorney at a later date, please use the Agent Authorization form available on the Santa Cruz County Assessment Appeals Board website.