



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 Substitution 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

The agent named herein is hereby authorized to act as my agent in this Application for Changed Assessment and may inspect assessor's records, enter into stipulations, withdraw this application and otherwise settle any issues relating to this application.

Agent/Attorney Information:

Agent/Attorney Name: _____ Agency: _____

Contact Phone No: _____ Fax No.: _____

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

Email Address: _____

Agent's authorized employees: _____

(List names of all persons authorized to act on behalf of Agent on the Application for Changed Assessment)

The listed agent is authorized to sign and file the Application for Changed Assessment in the following calendar year: _____

This agent authorization must be signed and dated by the applicant. If the applicant is a corporation, limited partnership, or a limited liability company, the agent's authorization must be signed by an officer or authorized employee of the entity who has the authority to file and act on this application on behalf of the entity.

Name of Applicant

Date

Signature of Applicant

Name/Title (if applicable)

I hereby 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. Upon request, I will produce this original Agent's Authorization Form.

Signed: _____
Authorized Agent

Date