

**AGENT'S AUTHORIZATION  
TO REPRESENT APPLICANT**

IN THE MATTER OF THE APPLICATION NO(s): \_\_\_\_\_

I, \_\_\_\_\_ APPLICANT, APPOINT AS MY AGENT IN THIS MATTER:

NAME / AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MY AGENT IS AUTHORIZED TO ACT ON MY BEHALF FOR ALL MATTERS PERTAINING TO THE ABOVE-MENTIONED APPLICATION (S)

I UNDERSTAND THAT I MUST APPEAR PERSONALLY AT THE HEARING OR BE REPRESENTED BY AN AGENT WHO SHALL BE FAMILIAR WITH THE FACTS PERTAINING TO THE MATTER (S) BEFORE THE BOARD.

MY AGENT HAS KNOWLEDGE OF THE PROPERTY UNDER CONSIDERATION AND CAN AND WILL ANSWER ALL QUESTIONS PERTINENT TO THE INQUIRY. IF MY AGENT CANNOT ANSWER ALL PERTINENT QUESTIONS ABOUT MY PROPERTY AND I AM UNABLE TO ATTEND THE HEARING, I UNDERSTAND MY APPLICATION FOR REDUCTION IN ASSESSMENT MAY BE DENIED.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

NOTE: IF AN APPLICANT IS A CORPORATION, THIS AUTHORIZATION MUST BE SIGNED BY AN OFFICER OF THE CORPORATION AS DESIGNATED IN ITS ARTICLES OF INCORPORATION.

ATTACH THIS FORM TO APPLICATION AND RETURN TO:

STANISLAUS COUNTY  
ASSESSMENT APPEALS BOARD  
1010 TENTH STREET, SUITE 6700  
MODESTO CA 95354