



# County of San Diego

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## ASSESSMENT APPEALS BOARDS

1600 PACIFIC HIGHWAY, ROOM 402, SAN DIEGO, CALIFORNIA 92101-2471

### AGENT'S AUTHORIZATION TO REPRESENT APPLICANT

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

#### APPLICANT CONTACT INFORMATION

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Contact Phone No: \_\_\_\_\_

#### INFORMATION OF AGENT/ATTORNEY being appointed by Applicant in the above matter(s).

Agent/Attorney Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Contact Phone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_

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