



COUNTY OF LOS ANGELES

OFFICE OF THE ASSESSOR

500 W. TEMPLE STREET, RM. 225
LOS ANGELES, CA 90012-2770
(213) 974-3211 or 1(888) 807-2111

ASSESSMENT APPEALS BOARD

500 W. TEMPLE STREET, RM. B4
LOS ANGELES, CA 90012-2770
(213) 974-1471 or 1(888) 807-2111

AUDITOR-CONTROLLER

500 W. TEMPLE STREET, RM. 153
LOS ANGELES, CA 90012-2770
(213) 974-8368 or 1(888) 807-2111

TO:

RE:

**“AUTHORIZATION/SUBSTITUTION OF AGENT” FORM
FOR ASSESSMENT, PROPERTY TAX OR APPEALS MATTERS**

Dear Property Owner:

The “Authorization of Agent” form appears on the following page. It is being sent/given to you at your request, or because your prior authorization has expired.

For your protection, the Office of the Assessor, the Assessment Appeals Board and the Auditor-Controller require your signature on the “Authorization of Agent” form before an agent can be allowed to represent you in assessment, property tax or appeals matter.

ASSESSMENT APPEALS BOARD

If this form is used for the Assessment Appeals Board, it can **only** be used by a taxpayer who has **already** filed an application for reduction with the Board **and** who is either hiring an agent or substituting a new agent. A copy of that application must be attached for the Assessment Appeals Board to accept this authorization. If you have not yet filed your application with the Assessment Appeals Board, you may **NOT** use this “Authorization of Agent” form, but instead, you must complete and sign the agent’s authorization portion of the Appeals application form. You may obtain an application for assessment appeal from the Assessment Appeals Board at the address above.

OFFICE OF THE ASSESSOR & AUDITOR-CONTROLLER

With respect to matters pertaining to the Office of the Assessor and/or Auditor-Controller, your certification of an agent may be broad and general, or it may set limits on the agent’s authority to act in your behalf.

This authorization is valid with the Assessor and/or Auditor-Controller for four years, unless revoked earlier in writing, terminated by operation of law or specified for a shorter time period. **In the case of an assessment appeal, the authorization is valid until final action on the appeal.**

Should you wish to designate an agent, renew or modify your authorization or designate a new agent, please complete and sign the form. This form may be used to authorize an agent to represent you with the Assessor, the Auditor-Controller, the Assessment Appeals Board (subject to the limitations described above), or all three. Notary required if signed outside of California.

NOTE: The Assessment Appeals Board, under the authority of the Los Angeles County Board of Supervisors, is a separate agency from that of the Office of the Assessor and the Auditor-Controller. The Assessor is an independent elected official. This form has been created to be used by all three agencies as a convenience to property owners

AUTHORIZATION/SUBSTITUTION OF AGENT

Owner/Principal's Name _____

Property Address _____

TO: Office of the Assessor
500 W. Temple Street, Rm. 225
Los Angeles, CA 90012-2770
(213) 974-3211 or 1(888) 807-2111

TO: Assessment Appeals Board
500 W. Temple Street, Rm. B4
Los Angeles, CA 90012-2770
(213) 974-1471 or 1(888) 807-2111

TO: Auditor-Controller
500 W. Temple Street, Rm. 153
Los Angeles, CA 90012-2770
(213) 974-8368 or 1(888) 807-2111

I. This authorizes (please print)

Agent's Name _____

Business Address _____

Telephone No. _____ (____) _____

To act as agent in the assessment and/or appeals matters for those properties owned or controlled by the undersigned (if more than one parcel, see attached list*) according to the authority indicated (please mark appropriate boxes).

Assessor I.D. Number _____ - _____ - _____ Tax Bill Number _____
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II. Office of the Assessor Office of the Auditor-Controller Both

Agent has full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to principal.

Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.

This authorization is valid for a period of four years from the date of execution, unless earlier revoked in writing or terminated by operation of law.

This authorization is valid until (Date) _____

Additional Instructions _____

III. Assessment Appeals Board

Mark this box for an appeal by a taxpayer who has already filed an application on his or her own behalf and is now hiring an agent.

The Agent named above has full authority to act in connection with the filed principal's application for equalization, (copy must be attached) including withdrawal of such application, the ability to enter into a stipulated agreement as to value, and settlement of all related legal issues for the parcels and tax years indicated on the application. This authorization will end at the time my assessment appeals application is withdrawn or reaches its conclusion through the assessment appeal process.

Mark this box when substituting one agent for another.

Application Number _____ Assessor I.D. Number _____ - _____ - _____
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_____ [applicant] hereby substitutes
_____ [name of new agent],
_____ [address of new agent],
_____ [telephone number of new agent]
as representative(s) of records instead of
_____ [name of former agent].

IV. Principal accepts full responsibility for any action of the agent carried out pursuant to the authority granted herein.

Executed in _____, this _____ day of _____, 20_____
(City) (State)

Signed _____ Title _____ Telephone No. ____ (____) _____
(Applicant's signature)

V. If only items in Part II are marked, please send this form to the Office of the Assessor or Auditor-Controller, as appropriate. If the box for "Both" was selected, please send the form to the Office of the Assessor.

VI. If only Part III is marked, please send this form to the Assessment Appeals Board but only if you have already filed an appeal (attach copy).

VII. If II & III are marked, please send this form to the Assessment Appeals Board and a copy to the Office of the Assessor.

VIII. To effectively revoke this authorization, notify the Assessor or the Assessment Appeals Board and your agent in writing.

**If more than one parcel is covered by this authorization, please attach a list of all parcels by Assessor's Identification Number (mapbook, page, and parcel). List personal property by address

APPROVAL (County Use Only) _____