

**REVOCATION OR SUBSTITUTION
OF AGENT OR ATTORNEY**

To be filed after an initial filing of an *Assessment Appeal Application*, when an agent or California attorney is being substituted or revoked. Mail or fax the completed form to the Clerk of the Board at the address shown.

County of San Mateo Assessment Appeals Board

400 County Center, BOS 104 Redwood City, CA 94063

Phone (650) 363-4573 FAX (650) 364-3955 E-Mail: AAB@smcgov.org

For Clerk use only: Received _____

1. APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL)			EMAIL ADDRESS		APPEAL NUMBER
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)					
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
SECURED: ASSESSOR'S PARCEL NUMBER			UNSECURED: ACCOUNT OR TAX BILL NUMBER		

☒ CHECK AND COMPLETE AS APPROPRIATE**2. REVOCATION OF** ☐ **AGENT** ☐ **CALIFORNIA ATTORNEY**

NAME OF AGENT OR ATTORNEY	E-MAIL ADDRESS
COMPANY NAME	

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

3. SUBSTITUTION OF ☐ **AGENT** ☐ **CALIFORNIA ATTORNEY, STATE BAR NO.** _____

NAME OF AGENT OR ATTORNEY	E-MAIL ADDRESS
COMPANY NAME	
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	

CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
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The above-named person/company is hereby authorized to act as my agent or attorney in this application and may inspect assessor's records, enter into stipulated agreements, and otherwise settle issues relating to this application.

This section is required only when substituting an agent. (Not required when substituting a California attorney.)

THIS AUTHORIZATION IS FOR CALENDAR YEAR: _____

Calendar Year is January 1 through December 31. This authorization must be completed for the specific year in which the application is filed.

☒ CHECK AND INITIAL ONE

☐ The named agent is hereby authorized to file *Assessment Appeal Application* and transact all business relating to such filings on any and all assessments or property located within the county owned by this applicant.

_____ Applicant must initial this statement.

☐ The named agent is hereby authorized to file *Assessment Appeal Application* and transact all business relating to such filings on the specific property listed above or the specific properties identified in the *Multiple Properties List*. (see page 2 of this form)

_____ Applicant must initial this statement.

CERTIFICATION OF APPLICANT

I hereby certify that I am the applicant for the appeal identified above, and that I am executing this statement as of the date shown below.

APPLICANT SIGNATURE ▶	DATE
PRINT APPLICANT NAME	TITLE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION