

REVOCAION 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 () |
|------|-------|----------|--------------------------|----------------------------|----------------------|

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 |