



**AGENT AUTHORIZATION**

**BUSINESS INFORMATION**

\*Business Name \_\_\_\_\_ DBA \_\_\_\_\_

\*Business Account Number(s) \_\_\_\_\_  
 (Please list **each** account number - Attach additional sheet if necessary)

**AGENT INFORMATION**

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

This agent is authorized to sign the *Declaration by Assessee* on the Business Property Statement for the current filing year.

This authorization entitles the agent to:

- Submit the Business Property Statement (R&T Code 441)
- Amend the Business Property Statement (R&T Code 441(i))
- Request copies (R&T Code 443.1)
- Review current year assessment with Assessor staff

*While we have delegated the above authority to this agent, we understand that we may be required to furnish additional information upon request.*

**TAXPAYER INFORMATION**

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_  
 (Signature of owner or corporate officer of the business)

\*Printed Name \_\_\_\_\_ \*Title \_\_\_\_\_

\*Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**This authorization is effective January 1, 2017 through December 31, 2017.**

**NOTE: DOES NOT CONSTITUTE ADDRESS CHANGE FORM. SEE SEPARATE INSTRUCTIONS TO CHANGE STATEMENTS, CORRESPONDENCE AND ASSESSMENTS TO BE MAILED.**

\*Required Field