



# Mark Church

Assessor-County Clerk-Recorder & Chief Elections Officer

555 County Center  
Redwood City, CA 94063-1665  
phone 650.363.4500 fax 650.363.1903  
email [assessor@smcare.org](mailto:assessor@smcare.org)  
web [www.smcare.org](http://www.smcare.org)

## AGENCY AUTHORIZATION LETTER

Section 441(e) of the California Revenue & Taxation Code requires any person(s) acting as an agent on behalf of a business to have a letter of authorization on file with the Assessor's Office. This office will require that the *Agency Authorization* be updated annually.

If you have an agent acting on behalf of your company, please complete the back page of this form and mail it to the following address:

County of San Mateo  
Assessor-County Clerk-Recorder's Office  
555 County Center, 3<sup>rd</sup> Floor  
Redwood City, CA 94063

**If you have completed an agency authorization form that originated from San Mateo County within the last six months, you do not have to complete the form again.** If you have any questions, you may contact us either via e-mail at [ppdutyauditor@smcare.org](mailto:ppdutyauditor@smcare.org) or by phone number 650.363.4501.



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## AGENCY AUTHORIZATION

This is to authorize: Agency Name: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_ Agent's E-Mail: \_\_\_\_\_

To act as our agent in assessment matters for the following property located in San Mateo County:

OWNER NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

BUSINESS ACCOUNT NUMBER(S): \_\_\_\_\_

LOCATION(S): \_\_\_\_\_

(Attach another sheet if necessary)

The authority of the agency/agent identified above is specified as follows: (please check applicable items)

This agent is delegated full authority to handle all matters relative to valuation and assessment with the Assessor's office, excluding assessment appeals.

NOTE: Agency/Agent Authorization to handle assessment appeals is restricted to the agency/agent identified on the Assessment Appeals Board's Application for Changed Assessment filed with the Clerk of the Assessment Appeals Board. (Please contact the Clerk of the Assessment Appeals Board at 650.363.4573 for the Application for Changed Assessment.)

To complete, sign and file Business Property Statements (form 571-L) with the Assessor's office on our behalf as provided under section 441 (e) of the California Revenue and Taxation Code.

This 'Authorization' is to be effective as of January 1, 2012 through June 30, 2013.

While we have delegated the above authority to this agent, we accept full responsibility for any and all actions he/she makes on our behalf. We understand that we may be required to furnish additional information on request.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only signature of the property owner or corporate officer of the business will be accepted)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

**IF ANY PART OF THIS FORM IS NOT COMPLETED, IT MAY BE CONSIDERED INVALID AND MAY BE RETURNED FOR COMPLETION**