



# COUNTY OF LOS ANGELES

**OFFICE OF THE ASSESSOR**  
500 W. TEMPLE STREET, RM. 225  
LOS ANGELES, CALIFORNIA 90012-2770  
(213) 974-3211

**ASSESSMENT APPEALS BOARD**  
500 W. TEMPLE STREET, RM. B-4  
LOS ANGELES, CALIFORNIA 90012-2770  
(213) 974-1471

**AUDITOR-CONTROLLER**  
500 W. TEMPLE STREET, RM. 153  
LOS ANGELES, CALIFORNIA 90012-2770  
(213) 974-8368

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: "AUTHORIZATION OF TAX AGENT" FORM  
FOR ASSESSMENT, PROPERTY TAX OR APPEALS MATTERS**

Dear Property Owner:

The "Authorization of Tax Agent" form appears on the reverse side of this letter. 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 Tax Agent" form before an agent can be allowed to represent you in assessment, property tax, or appeals matters.

**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. 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 Tax Agent" form, but instead, you must 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.

**OFFICES OF THE ASSESSOR & THE AUDITOR-CONTROLLER**

With respect to matters pertaining to the Offices of the Assessor and the 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 the 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 the form and follow the instructions on the reverse side. 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 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 OF TAX AGENT

(Owner / Principal's Name) \_\_\_\_\_

(Property Address) \_\_\_\_\_

**TO: Office of the Assessor**  
500 W. Temple Street, Rm. 225  
Los Angeles, California 90012-2770  
(213) 974-3211

**TO: Assessment Appeals Board**  
500 W. Temple Street, Rm. B-4  
Los Angeles, California 90012-2770  
(213) 974-1471

**TO: Auditor-Controller**  
500 W. Temple Street, Rm. 153  
Los Angeles, California 90012-2770  
(213) 974-8368

**I. This authorizes (please print)**

(Agent's Name) \_\_\_\_\_

(Business Address) \_\_\_\_\_

(Telephone No.) (        ) \_\_\_\_\_

to act as agent in 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).

\_\_\_\_\_ Mapbook                  \_\_\_\_\_ Page                  \_\_\_\_\_ Parcel

**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** (This form may only be used for an Assessment Appeal by a taxpayer who has already filed an application):

Agent 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 your assessment appeals application is withdrawn or reaches its conclusion through the assessment appeal process.

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

Executed in \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. (        ) \_\_\_\_\_

(owner's signature)

(if partner or corporate officer)

**NOTARY** (required if signed outside of California)

State of \_\_\_\_\_ } ss

On \_\_\_\_\_ before me, the undersigned,  
a Notary Public in and for said State, personally appeared

\_\_\_\_\_ known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that (he/she/they) executed the same, WITNESS my signature and official seal.

Signature: \_\_\_\_\_

**V. If only items in Part II are marked, please send this form to the Office of the Assessor or the 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)** \_\_\_\_\_