



# COUNTY OF YOLO

ASSESSOR'S OFFICE  
625 COURT STREET, ROOM 104, WOODLAND CA 95695  
(P) 530.666.8135 (F) 530.666.8213  
**JESSE SALINAS**  
ASSESSOR



## AGENT'S AUTHORIZATION

### Taxpayer Information:

Owner's Name: \_\_\_\_\_ DBA: \_\_\_\_\_

*(Please list EACH APN and/or Business account number – Attach another sheet if necessary)*

APN (Assessor Parcel Number): \_\_\_\_\_

Business Account Number(s): \_\_\_\_\_

*This agent is authorized to act as our agent for assessment matters relating to the above referenced parcels and/or accounts.*

### Agent Information:

Agent's Name: \_\_\_\_\_

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

Agent's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Agent's Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Agent's Email: \_\_\_\_\_

- Please change mailing address for all properties listed to direct all correspondence from Yolo County including questionnaires, property tax statements, value notices, supplemental tax bills, and property tax bills to my agent at the address listed above.
- DO NOT** change the mailing address for the properties listed above.

*This agent is delegated full authority to handle all matters relative to assessments with the Yolo County Assessor's office, **excluding appeals**. Please contact the Clerk of the Assessment Appeals Board (530) 666-8195 for an agent authorization regarding appeals.*

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

*This agent is authorized to sign Property Statements as provided under section 441, California Revenue & Taxation Code.*

**This authorization will remain in effect as of the date signed until revoked by written notification.**

**Please Note:** Forms signed by persons other than the business Owner or Corporate Officer of the business will **not be** acknowledged.

*I certify (or declare) under penalty of perjury under the laws of the State of California, that I have the authorization to sign on behalf of the party or organization identified in the Taxpayer Information section above, and that this statement, including any accompanying documentation, is true and correct, and that it is complete to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Printed name of Owner or Corporate Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone (M-F, 8AM-5PM)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Owner or Corporate Officer Email Address