

AGENT'S AUTHORIZATION TO REPRESENT APPLICANT

(If not a California-licensed attorney, you must complete the Agent's Authorization Section 2 on Application, or this Agent's authorization may be attached to the Application. If attached, you must complete all of the information below)

Print Name of Agent, Agency (Firm Name) and complete all information:

Person to contact (last, first, middle initial) and Firm Name

Street Address/PO Box

City

State

Zip Code

Daytime Phone

Alternate Phone

Fax Number

Is hereby authorized to act as my Agent and may inspect Assessor's Records, enter into Stipulations and otherwise settle issues relating to this Application.

The authorized Agent will represent me on all parcels and assessments located in Sierra County as listed on the Application(s) for Changed Assessment.

Date Executed

Signature of Applicant/Officer/Authorized Employee

Title

If the Applicant is a corporation, this Authorization must be signed by an Officer of the Corporation as designated in its Articles of Incorporation.

Attach this form to Application and RETURN TO:

**Sierra County Clerk
P.O. Drawer D
Downieville, CA 95936**