



**COUNTY OF LAKE**  
**CLERK OF THE BOARD OF SUPERVISORS**  
Courthouse – 255 North Forbes Street  
Lakeport, CA 95453  
Telephone (707) 263-2368  
Fax (707) 263-2207

**COUNTY OF LAKE**  
**AGENT'S AUTHORIZATION FORM**  
(A copy to be filed with each Assessment Appeal Application)

**OWNER/ PROPERTY INFORMATION**

Property Owner's Name \_\_\_\_\_

Property Owner's Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Property Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Assessor's Parcel Number (APN) \_\_\_\_\_

**AGENT'S INFORMATION**

Agent's Name & Company \_\_\_\_\_

Agent's Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**AUTHORIZATION**

The above named agent is hereby authorized to act as the agent for the property listed above and may sign and file applications, inspect Assessor's records, enter into stipulation, and otherwise settle issues relating to this property for the 2012/2013 tax year. Agent will provide client with a copy of the appeals application for the above Parcel Number(s). The above named agent also has full authority to handle all assessment matters with the Office of the Assessor and/or the Lake County Local Board of Equalization.

Property Owner's Signature \_\_\_\_\_

Property Owner's Printed Name \_\_\_\_\_

Company/Ownership (if applicable) \_\_\_\_\_

Title (if applicable) \_\_\_\_\_