

COUNTY OF LOS ANGELES

ASSESSMENT APPEALS BOARD

500 W. TEMPLE STREET, RM. B4 LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-1471 Website:bos.co.la.ca.us/services/assessmentappeals.aspx

> AUDITOR-CONTROLLER 500 W. TEMPLE STREET, RM. 153 LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-8368 Website: auditor.lacounty.gov

OFFICE OF THE ASSESSOR 500 W. TEMPLE STREET, RM. 225 LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-3211 Website: assessor.lacounty.gov

TREASURER AND TAX COLLECTOR

225 N. HILL STREET, 1ST. FLOOR LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-2111 Website: ttc.lacounty.gov

TO:

RE: AUTHORIZATION OF TAX AGENT OR AGENCY SUBSTITUTION FORM FOR ASSESSMENT, PROPERTY TAX OR APPEALS MATTER

Dear Property Owner:

The Authorization of Tax Agent or Agency Substitution 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, the Auditor-Controller, and the Treasurer and Tax Collector require your "certification by signature" and Tax Agent Registration Number effective July 1, 2013 on the *Authorization of Tax Agent or Agency Substitution* form before a Tax Agent as defined in Los Angeles County Code Section 2.165.010 (G) will 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 must be attached to the original application for changed assessment or a copy of a previously filed application must be attached for the Assessment Appeals Board to accept this authorization. You can obtain an application for changed assessment from the Assessment Appeals Board at the address or website above.

OFFICES OF THE ASSESSOR, THE AUDITOR-CONTROLLER, & THE TREASURER AND TAX COLLECTOR

With respect to matters pertaining to the Offices of the Assessor, the Auditor-Controller, and the Treasurer and Tax Collector, your required "certification by signature" 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, the Auditor-Controller, and/or the Treasurer and Tax Collector 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, and/or the Treasurer and Tax Collector (subject to the limitations described above), or all four.

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, the Auditor-Controller, and the Treasurer and Tax Collector. The Assessor is an independent elected official. This form has been created to be used by all four agencies as a convenience to property owners.

EXM-202 (FRONT) (REV. 5-13)

Owner / Principal's Name Property Address

(213) 974-1471

Agent's Name

Assessment Appeals BoardOffice of the Assessor500 W. Temple Street, Rm. B4500 W. Temple Street, Rm. 225 (213) 974-3211

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

Treasurer and Tax Collector 225 N. Hill Street, 1st. Floor (213) 974-2111

Ι.	This authorizes	(please	print)
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Business Address

Telephone No. (

_____Tax Agent Registration #____

Email Address)_____ to act as an agent in assessment, appeals, and/or other tax matters for those properties owned or controlled by the undersigned according to the authority indicated (please mark appropriate boxes).

□ Mark this box when substituting this (new) agent for another previously authorized.

□ Mark this box if the Agent is not an individual who is employed, under contract, or otherwise receiving compensation to communicate directly, or through agents, employees or subcontractors, with any County official for the purpose of influencing official action -OR- if the Agent is a person representing himself, herself, an immediate family member or an entity of which the person is a partner, officer, or owner of ten percent or more of the value of the entity.

Secured Assessor's Identification Number: Mapbook _____ Page _____ Parcel _

If more than one parcel is covered by this authorization please attach a list of all parcels by Assessor's Identification Number. List personal property by address.

П. □ Office of the Assessor □ Office of the Auditor-Controller □ Office of the Treasurer and Tax Collector

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

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

Application Number

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

		C	ERTIFICATIO	Ν
I certify (or declare	e) under penalty of perju	ry under the laws of th	e State of Califo	ornia that the foregoing and all information hereon, including
acc	ompanying statements o	r documents, is true, o	correct and comp	plete to the best of my knowledge and belief.
Owner/Principal's Name (Print)			Telephone No. ()	
Email Address				
Executed in			this	day of ,20
	(city)	(state)		
SIGNATURE OF F	PROPERTY OWNER OF	R AUTHORIZED PRIN	CIPAL OR OFF	ICER TITLE

V. If only items in Part II are marked, please send this form to the Office of the Assessor, the Auditor-Controller, and/or the Treasurer and Tax Collector, as appropriate. If all boxes were 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.
- IX. Effective July 1, 2013 this form is not valid without a current Tax Agent Registration Number unless one of the exclusions exist under Los Angeles County Code Section 2.165.010 (G).