



## **COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD**

B4 KENNETH HAHN HALL OF ADMINISTRATION / LOS ANGELES CALIFORNIA 90012  
PHONE (213) 974-1471 / FAX (213) 217-4979

### **INSTRUCTIONS FOR ASSESSMENT APPEALS APPLICANT**

#### **AGENT'S AUTHORIZATION ATTACHMENT TO ASSESSMENT APPEALS APPLICATION**

This is to inform you that the authorization for an agent to sign and file an assessment appeals application on your behalf must be on the application form or on a form attached to the application. If you choose to attach an agent's authorization to the application, please use the attached form.

Once you have completed the agent's authorization, the form must be attached to the application before filing with the clerk of the Assessment Appeals Board at the following address:

Assessment Appeals Board  
500 W. Temple Street, Room B4  
Los Angeles, California 90012-2770

**Please note this form is to be used only when filing an assessment appeals application.**

If you wish to (1) authorize an agent to represent you in matters relating to the Office of the Assessor and/or Auditor Controller, or (2) authorize a new agent or substitute an agent after the assessment appeals application has been filed, you may use the form titled Authorization/Substitution of Agent form for Assessment, Property or Tax Appeal Matters (Form No. EXM 202). You may obtain this form from the clerk of the Assessment Appeals Board in person (See above reference address), by telephone at (213) 974-1471, or you may download the form from our website at:

<http://www.bos.lacounty.gov/Forms.aspx>

If you have any questions relative to this matter, please contact the Assessment Appeals Board staff at (213) 974-1471.

**COUNTY OF LOS ANGELES  
ASSESSMENT APPEALS BOARD**

**AGENT'S AUTHORIZATION ATTACHMENT  
TO ASSESSMENT APPEALS APPLICATION**

Agent's Name: \_\_\_\_\_  
(print or type)

Business Address: \_\_\_\_\_  
(print or type)

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Tax Agent Registration Number: \_\_\_\_\_

is authorized to sign and file assessment appeals applications on behalf of the undersigned for the \_\_\_\_\_ calendar year(s), limited to four calendar years (See Rule 305(a)(1)(B)), with regard to the following:

(Please check applicable box)

Specified parcels/assessment (identify each parcel/assessment by Assessor's Identification Number for secured property or Tax Bill Number for unsecured property).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All parcels and assessments located in the County of Los Angeles.

The above-named agent is required to provide the applicant with a copy of the application.

Executed on \_\_\_\_\_, at \_\_\_\_\_  
(Month, Day, Year) (City, State, Zip Code)

By \_\_\_\_\_  
Print Name of Property Owner/Taxpayer (name of individual or business or legal entity)

\_\_\_\_\_  
Signature of Property Owner/Taxpayer

(If signing on behalf of a business or legal entity, you must also complete the information requested below. Persons signing as individuals do not need to complete the remainder of this form.)

\_\_\_\_\_  
Print Name (person signing this form)

\_\_\_\_\_  
Title (partner, officer, authorized employee of corporate or business entity, trustee, etc.)