

If you are an Agent, Attorney or other individual who is affiliated with an Agency or Firm, please review the Agency/Firm list to determine which Agency or Firm you will select to register with

- **If you do not see your Agency or firm on the list:**

Please have the principal of the Agency or Firm complete the *Request to Add Agency or Firm* form. The information on the form must be completed with the agency or firm's main office or headquarter address.

- **If you work with multiple Agencies or Firms:**

Please select the one you primarily work with. Please note that several agencies or firms have multiple addresses; therefore, additional information such as the city may be identified in the agency or firm name listed.

- **If there is information that needs to be updated or corrected:**

Please use the Assessment Appeals Board *Change of Mailing Address and Contact Information* form.

- **If you are an Agent, Attorney or other individual who is not affiliated with an Agency or Firm:**

You may either register by selecting “no agency affiliation” in the drop down menu on the Tax Agent registration website or request to add as an Agency using the Tax Agent Registration *Request to Add Agency or Firm* form.

Please note: During the online registration process, Tax Agents will be able to enter contact and mailing information that is different from the agency or firm's main address.



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

KENNETH HAHN HALL OF ADMINISTRATION / 500 W TEMPLE STREET ROOM B4 / LOS ANGELES CALIFORNIA 90012
PHONE: (213) 974-1462 FAX: (213) 626-1741 EMAIL: TaxAgentRegistration@bos.lacounty.gov

TAX AGENT REGISTRATION REQUEST TO ADD AGENCY OR FIRM

FORM MUST BE COMPLETED BY THE PRINCIPAL OF THE AGENCY

AGENCY or FIRM NAME

ORGANIZATION TAX I.D.

AGENCY / FIRM INFORMATION

Main Address 1: _____ **Address 2:** _____
(i.e., Suite / Unit / Floor)

City: _____ **State:** _____ **Zip Code:** _____

Main Number: _____ **Main Alternate Number:** _____

Main Fax Number: _____

Agency or Firm E-Mail Address: _____

REQUESTOR NAME: _____ **TITLE:** _____

Complete the following contact information if different from above

Address: _____ **Address 2:** _____
(i.e., Suite / Unit / Floor)

City: _____ **State:** _____ **Zip Code:** _____

Contact Number: _____ **Fax Number:** _____

Email Address: _____

SIGNATURE _____ **DATE** _____

You may submit this form via fax to (213) 626-1741 or e-mail TaxAgentRegistration@bos.lacounty.gov