EXEQUO EXEQUO DET BONO OF ALLANS	OFFICE OF ASSESSOR COUNTY OF ALA MEDA 1221 Oak St., Room 145, County Administration Building Oakland, California 94612-4288 (510) 272-3836 / FAX (510) 891-5542 AssessorBPP@acgov.org
	PHONGLA ASSESSOR <u>AUTHORIZATION</u>
This is to authorize:	
Name:	Title:
Address:	
Phone Number: To act as our del	E-Mail: legate in assessment matters for the following property located in Alameda County:
Account Name:	DBA:
	s must be the company headquarters. Alameda County will not accept an orized agent's address as an acceptable mailing address.)
Location(s):	
	(Attach another sheet if necessary)
The authority of the age	nt is as follows: (please check applicable items)
your office, excludi	gated full authority to handle all matters relative to assessment with ng assessment appeals. (Please contact the Clerk of the Assessment 10-272-6352 for authorization for appeals.)
□ To sign Business Pr and Taxation Code.	roperty Statements as provided under section 441(e), California Revenue
This 'Aut □ or until revoked	thorization' is to be effective as of July 1, 2023 through June 30, 2024
	e above authority to this person, we accept full responsibility for any and all actions lf. We understand that we may be required to furnish additional information upon
Signed by:	ture of owner or corporate officer of the business will be accepted)
Printed Name:	Title:
Telephone Number:	E-Mail:

If any part of this form is not completed, it may be considered invalid and may be returned for completion.