



**ASSESSMENT APPEALS BOARD**

Office of the Clerk of the Board  
1221 Oak St., Suite 536  
Oakland, CA 94616  
(510) 272-6984; FAX (510) 208-9660  
<http://www.acgov.org/clerk/assessment.htm>

To be filed after an initial filing of an *Assessment Appeal Application*, when an agent or California attorney is being substituted or revoked. Mail or fax the completed form to the Clerk of the Board at the address shown.

**REVOCATION OR SUBSTITUTION OF AGENT OR ATTORNEY**

**1. APPLICANT AND PROPERTY INFORMATION**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DAYTIME TELEPHONE ( ) \_\_\_\_\_ ALTERNATE TELEPHONE ( ) \_\_\_\_\_ FAX TELEPHONE ( ) \_\_\_\_\_

**2. REVOCATION OF**  **AGENT**  **CALIFORNIA ATTORNEY**  **CHECK one and complete as appropriate**

NAME OF AGENT OR ATTORNEY \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

Authorization is hereby revoked and terminated for the above-named person/company to act as my agent or attorney.

**3. SUBSTITUTION OF**  **AGENT**  **CALIFORNIA ATTORNEY, STATE BAR NO.** \_\_\_\_\_

NAME OF AGENT OR ATTORNEY \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DAYTIME TELEPHONE ( ) \_\_\_\_\_ ALTERNATE TELEPHONE ( ) \_\_\_\_\_ FAX TELEPHONE ( ) \_\_\_\_\_

**✓ CHECK ONE**

The above-named person/company is hereby authorized to file *Assessment Appeal Application* and transact all business relating to such filings on **all** assessments or property located within the county owned by this applicant.

The named above-named person/company is hereby authorized to file *Assessment Appeal Application* and transact all business relating to such filings on **specific** property listed below or the specific properties listed below and/or on the separate sheet attached.

APPEAL NUMBER	SECURED: ASSESSOR'S PARCEL NUMBER	UNSECURED: ACCOUNT NUMBER
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ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED

**APPLICANT'S CERTIFICATION**

The above-named person/company is hereby authorized to act as my agent for my assessment appeal application(s) and may inspect Assessor's records, enter into stipulations, and otherwise settle issues related to my application(s) filed during the \_\_\_\_\_ calendar year (January 1 through December 31). Unless specific properties (Assessor Parcel Numbers and/or Account Numbers) are listed below, the person/company listed is authorized to act as my agent on all parcels and assessments located in Alameda County.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT APPLICANT NAME \_\_\_\_\_ TITLE \_\_\_\_\_