



Mark Church

Assessor-County Clerk-Recorder & Chief Elections Officer

555 County Center
Redwood City, CA 94063-1665
phone 650.363.4501 **fax** 650.599.7456
email ppdutyauditor@smcare.org
web www.smcare.org

AGENCY AUTHORIZATION LETTER

Section 441(e) of the California Revenue & Taxation Code requires any person(s) acting as an agent on behalf of a business to have a letter of authorization on file with the Assessor's Office. This office will require that the *Agency Authorization* be updated annually.

If you have an agent acting on behalf of your company, please complete the back page of this form and mail it to the following address:

County of San Mateo
Assessor-County Clerk-Recorder's Office
555 County Center, 3rd Floor
Redwood City, CA 94063

If you have completed an agency authorization form that originated from San Mateo County within the last six months, you do not have to complete the form again. If you have any questions, you may contact us either via e-mail at ppdutyauditor@smcare.org or by phone number 650.363.4501.



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AGENCY AUTHORIZATION

This is to authorize: Agency Name: _____ Agent's Name: _____

Agent's Address: _____

Agent's Phone Number: _____ Agent's E-Mail: _____

To act as our agent in assessment matters for the following property located in San Mateo County:

OWNER NAME: _____ DBA: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS ACCOUNT NUMBER(S): _____

LOCATION(S): _____

(Attach another sheet if necessary)

The authority of the agent is as follow: (please check applicable items)

- This agent is delegated full authority to handle all matters relative to assessment with your office, excluding assessment appeals. (Please contact the Clerk of the Assessment Appeals Board at 650.363.4573 for authorization for appeals.)
- To sign Business Property Statements as provided under section 441(e), California Revenue and Taxation Code.

This 'Authorization' is to be effective as of January 1, 2017 through June 30, 2018.

While we have delegated the above authority to this agent, we accept full responsibility for any and all actions he/she makes on our behalf. We understand that we may be required to furnish additional information on request.

Signed by: _____ Date: _____
(Only signature of owner or corporate officer of the business will be accepted)

Printed Name: _____ Title: _____

Telephone: _____ Fax: _____ E-Mail _____

**IF ANY PART OF THIS FORM IS NOT COMPLETED, IT MAY BE CONSIDERED INVALID
AND MAY BE RETURNED FOR COMPLETION**