



OFFICE OF
**ASSESSOR-COUNTY CLERK-
 RECORDER & ELECTIONS**
 COUNTY OF SAN MATEO

MARK CHURCH
 ASSESSOR-COUNTY CLERK-
 RECORDER & CHIEF ELECTIONS OFFICER

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: _____

(The mailing address must be the company headquarters. San Mateo County will not accept an authorized agent's address as an acceptable 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, 2024 through June 30, 2025.

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.