

**ORANGE COUNTY CLERK OF THE BOARD, ASSESSMENT APPEALS DIVISION
REVOCATION / SUBSTITUTION OF ATTORNEY/AGENT**

See Instructions on Reverse Side

(Please Type or Print)

1. APPLICANT / PROPERTY INFORMATION

PETITION/APPEAL NO. _____
APPLICANT'S NAME _____
APPLICANT'S STREET ADDRESS _____
APPLICANT'S CITY/STATE/ZIP _____
SECURED: PARCEL/ASSESSMENT NO.: _____ - _____ - _____ • _____
UNSECURED: PARCEL/ASSESSMENT NO.: _____ - _____ - _____ - _____

2. AGENT AUTHORIZATION AFTER INITITAL FILING OF APPEAL

I hereby appoint _____
(Name of Agent or Attorney)
as my authorized agent in the above-referenced application with authority to inspect assessor' records, enter into stipulations, and otherwise settle issues relating to the above-referenced application.

(Attorney/Agent's Company Name, if applicable)

(Attorney/Agent's Address)

(Attorney/Agent's phone) (Alternate phone) (Fax phone)

3. AGENT AUTHORIZATION SUBSTITUTION

I hereby substitute _____
(Name of Agent or Attorney)
as my authorized agent in the above-referenced application with authority to inspect assessor' records, enter into stipulations, and otherwise settle issues relating to the above-referenced application.

(Attorney/Agent's Company Name, if applicable)

(Attorney/Agent's Address)

(Attorney/Agent's phone) (Alternate phone) Fax phone)

4. AGENT AUTHORIZATION REVOCATION

I hereby revoke and terminate authorization for the following agent to act as my agent in the above application.

(Name of Agent or Attorney)

(Attorney/Agent's Company Name, if applicable)

APPLICANT'S PRINTED NAME _____ TITLE _____

APPLICANT'S SIGNATURE _____ DATE _____

HEARING DATE, IF APPLICABLE: _____

Instructions for Agent Authorization / Substitution / Revocation Form

Box 1

Complete all sections in the “Applicant/Property Information” portion of the form if you are authorizing an agent to handle your *assessment appeal after the initial filing, changing agents (substituting a new agent for a former agent), or revoking an existing agent’s authorization.*

Box 2

If you have not authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1 **but now wish to do so**, you must **complete all sections** within the “Agent Authorization After Initial Filing of Appeal” portion of the form, *as well as all sections within Box 1.*

Box 3

If you have previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1 and now wish **to change agents (substitute** a new agent in place of a former authorized agent), you must **complete all sections** within the “Agent Authorization Substitution” portion of the form, *as well as all sections within Box 1 & Box 4.*

Box 4

If you previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1, **but now wish to handle the appeal yourself**, without the assistance of an agent, you **must complete all sections** within the “Agent Authorization Revocation” portion of the form (Box 4), *as well as all sections within Box 1.*

Signature & Date

The form must be **signed and dated at the bottom** with an *original signature*. Signatures in **blue** ink are preferred. Be sure to print name and title, if applicable, clearly.

Please retain a copy for your own records. Be sure to **return the form with the original signature to this office.**

Mail/Fax Completed Form to:

*Clerk of the Board of Supervisors
Assessment Appeals Division*

Calendaring/Judicial Support Unit

P.O. Box 22023

Santa Ana, CA 92702-2023

Phone: (714) 834-3457

Fax: (714) 834-4177

Application Processing Unit

P.O. Box 22023

Santa Ana, CA 92702-2023

Phone: (714) 834-2331

Fax: (714) 834-4185