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:_____

FORM COB 306
Revise: June 2004

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