



COUNTY OF LOS ANGELES

ASSESSMENT APPEALS BOARD
500 W. TEMPLE STREET, RM. B4
LOS ANGELES, CALIFORNIA 90012-2770
(213) 974-1471

Website: bos.co.la.ca.us/services/assessmentappeals.aspx

OFFICE OF THE ASSESSOR
500 W. TEMPLE STREET, RM. 225
LOS ANGELES, CALIFORNIA 90012-2770
(213) 974-3211

Website: assessor.lacounty.gov

AUDITOR-CONTROLLER
500 W. TEMPLE STREET, RM. 153
LOS ANGELES, CALIFORNIA 90012-2770
(213) 974-8368

Website: auditor.lacounty.gov

TREASURER AND TAX COLLECTOR
225 N. HILL STREET, 1ST. FLOOR
LOS ANGELES, CALIFORNIA 90012-2770
(213) 974-2111

Website: ttc.lacounty.gov

TO: _____

**RE: AUTHORIZATION OF TAX AGENT OR AGENCY SUBSTITUTION
FORM FOR ASSESSMENT, PROPERTY TAX OR APPEALS MATTER**

Dear Property Owner:

The *Authorization of Tax Agent or Agency Substitution* form appears on the reverse side of this letter. It is being sent/given to you at your request, or because your prior authorization has expired.

For your protection, the Office of the Assessor, the Assessment Appeals Board, the Auditor-Controller, and the Treasurer and Tax Collector require your "certification by signature" and Tax Agent Registration Number effective July 1, 2013 on the *Authorization of Tax Agent or Agency Substitution* form before a Tax Agent as defined in Los Angeles County Code Section 2.165.010 (G) will be allowed to represent you in assessment, property tax, or appeals matters.

ASSESSMENT APPEALS BOARD

If this form is used for the Assessment Appeals Board, it must be attached to the original application for changed assessment or a copy of a previously filed application must be attached for the Assessment Appeals Board to accept this authorization. You can obtain an application for changed assessment from the Assessment Appeals Board at the address or website above.

OFFICES OF THE ASSESSOR, THE AUDITOR-CONTROLLER, & THE TREASURER AND TAX COLLECTOR

With respect to matters pertaining to the Offices of the Assessor, the Auditor-Controller, and the Treasurer and Tax Collector, your required "certification by signature" of an agent may be broad and general, or it may set limits on the agent's authority to act in your behalf.

This authorization is valid with the Assessor, the Auditor-Controller, and/or the Treasurer and Tax Collector for four years, unless revoked earlier in writing, terminated by operation of law, or specified for a shorter time period. **In the case of an assessment appeal, the authorization is valid until final action on the appeal.**

Should you wish to designate an agent, renew or modify your authorization or designate a new agent, please complete the form and follow the instructions on the reverse side. This form may be used to authorize an agent to represent you with the Assessor, the Auditor-Controller, the Assessment Appeals Board, and/or the Treasurer and Tax Collector (subject to the limitations described above), or all four.

NOTE: The Assessment Appeals Board, under the authority of the Los Angeles County Board of Supervisors, is a separate agency from that of the Office of the Assessor, the Auditor-Controller, and the Treasurer and Tax Collector. The Assessor is an independent elected official. This form has been created to be used by all four agencies as a convenience to property owners.

AUTHORIZATION OF TAX AGENT OR AGENCY SUBSTITUTION

Owner / Principal's Name _____
Property Address _____

Assessment Appeals Board
500 W. Temple Street, Rm. B4
Los Angeles, California 90012-2770
(213) 974-1471

Office of the Assessor
500 W. Temple Street, Rm. 225
Los Angeles, California 90012-2770
(213) 974-3211

Auditor-Controller
500 W. Temple Street, Rm. 153
Los Angeles, California 90012-2770
(213) 974-8368

Treasurer and Tax Collector
225 N. Hill Street, 1st. Floor
Los Angeles, California 90012-2770
(213) 974-2111

I. This authorizes (please print)

Agent's Name _____ Tax Agent Registration # _____
Business Address _____
Telephone No. () _____ Email Address _____

to act as an agent in assessment, appeals, and/or other tax matters for those properties owned or controlled by the undersigned according to the authority indicated (please mark appropriate boxes).

- Mark this box when substituting this (new) agent for another previously authorized.**
- Mark this box if the Agent is not an individual who is employed, under contract, or otherwise receiving compensation to communicate directly, or through agents, employees or subcontractors, with any County official for the purpose of influencing official action -OR- if the Agent is a person representing himself, herself, an immediate family member or an entity of which the person is a partner, officer, or owner of ten percent or more of the value of the entity.**

Secured Assessor's Identification Number: Mapbook _____ Page _____ Parcel _____

If more than one parcel is covered by this authorization please attach a list of all parcels by Assessor's Identification Number. List personal property by address.

II. Office of the Assessor Office of the Auditor-Controller Office of the Treasurer and Tax Collector

- Agent has full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to principal.
- Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.
- This authorization is valid for a period of four years from the date of execution, unless earlier revoked in writing or terminated by operation of law.
- This authorization is valid until (date) _____
- Additional instructions _____

III. Assessment Appeals Board

- Agent has full authority to act in connection with the filed principal's application for equalization, (copy must be attached) including withdrawal of such application, the ability to enter into a stipulated agreement as to value, and settlement of all related legal issues for the parcels and tax years indicated on the application. This authorization will end at the time your assessment appeals application is withdrawn or reaches its conclusion through the assessment appeal process
- Application Number _____

IV. Principal accepts full responsibility for any action of the agent carried out pursuant to the authority granted herein

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

Owner/Principal's Name (Print) _____ Telephone No. () _____

Email Address _____

Executed in _____, _____ this _____ day of _____, 20_____.
(city) (state)

SIGNATURE OF PROPERTY OWNER OR AUTHORIZED PRINCIPAL OR OFFICER	TITLE
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- V.** If only items in Part II are marked, please send this form to the Office of the Assessor, the Auditor-Controller, and/or the Treasurer and Tax Collector, as appropriate. If all boxes were selected, please send the form to the Office of the Assessor
- VI.** If only Part III is marked, please send this form to the Assessment Appeals Board but only if you have already filed an appeal (attach copy).
- VII.** If II & III are marked, please send this form to the Assessment Appeals Board and a copy to the Office of the Assessor.
- VIII.** To effectively revoke this authorization, notify the Assessor or the Assessment Appeals Board and your agent, in writing.
- IX.** Effective July 1, 2013 this form is not valid without a current Tax Agent Registration Number unless one of the exclusions exist under Los Angeles County Code Section 2.165.010 (G).

Approval (County Use Only) _____