



COUNTY OF EL DORADO OFFICE OF THE ASSESSOR **Karl Weiland, Assessor**

MAIN OFFICE - 360 FAIR LANE PLACERVILLE, CA 95667
TELEPHONE - PLACERVILLE (530) 621-5719 - S.LAKE TAHOE (530) 573-3422
FAX (530) 642-8148 - ONLINE: www.edcgov.us/assessor

Dear Property Owner:

Revenue and Taxation Code Sections 408, 451, and 481 prohibit the Assessor from disclosing confidential information related to the property or business affairs of another. Revenue and Taxation Code Section 441 requires any person signing Business Property Statements as an agent on behalf of a business owner to have a letter of authorization on file with the Assessor's Office.

A property owner (assessee) may authorize a designated representative to act as their agent for all related assessment matters, inspection of assessment files, requesting copies of information pertaining to their assessment, changing mailing addresses, or signing of Business Property Statements.

For your protection, the El Dorado County Assessor's Office requires a fully completed Agency Authorization form signed by the owner (assessee) on file before release of any confidential information or acceptance of a Business Property Statement filing as being valid.

Agency Authorizations will remain in force and effect until such time as the Assessor's Office acknowledges receipt by certified mail of a revocation in writing, but in no event, for a period of more than four (4) years from the date of execution (signing) of the authorization.

Please complete and sign the form on the reverse. All Agency Authorizations missing any of the following information will be returned for completion before being approved:

- An identifying Assessor's Parcel Number (APN) or Business Account Number.
- The date the authorization was executed (signed) by the assessee.
- Original signature of assessee executing the authorization. Stamped signatures are not acceptable.
- Only an owner, partner, corporate officer, LLC manager or managing member, or other person as defined by the State of California Board of Equalization is permitted to authorize an agent.
- Title of assessee executing the authorization.
- Name or Company name of agent being authorized.
- Mailing address of agent being authorized.
- Telephone number of agent being authorized.

It is important to remember that while you have the right to delegate authority to a designated representative, you will assume full responsibility for any and all actions taken by your agent on your behalf.

Completed Agency Authorization forms should be mailed to: **El Dorado County Assessor**
360 Fair Lane
Placerville, CA 95667

If you have questions, please contact our office by calling (530) 621-5716.

EL DORADO COUNTY ASSESSOR

AGENCY AUTHORIZATION

I hereby appoint the agency / agent listed below to represent me in assessment matters with El Dorado County Assessor's Office. This authorization is for the purpose of:

- (Initial) As agent to sign Business Property Statements as provided under Section 441(e), of the California Revenue and Taxation Code.
(Initial) As agent delegated full authority to handle all matters relative to assessment both real and personal.

This authorization will remain in force and in effect until such time as the Assessor's Office acknowledges receipt by certified mail of a revocation in writing and will expire four (4) years from the date of execution of the authorization form.

Agent Information:

Agency / Agent Name:
Agent Mailing Address:
Agent Telephone Number: () Agent Email:

Owner Information:

Please list each Assessor's Parcel Number (APN) or Assessor's Business Assessment Number. Attach additional sheets if necessary with a reference to this authorization:

(APN/Assessment Number) (APN/Assessment Number)
(APN/Assessment Number) (APN/Assessment Number)

I certify (or declare) under penalty of perjury under the laws of the State of California that I have the authority to sign on behalf of the party or organization identified in the owner's information section above, and that this statement, including any accompanying documentation, is true and correct, and that it is complete to the best of my knowledge and belief. I also understand that the Assessor may require additional information be furnished on this request.

Assessee Name: Assessee Title:
Signature: Executed on:

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