



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, 2023 through June 30, 2024.

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.**