



222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311

Phone: 909.387.8307 | Toll Free: 1.877.885.7654

arc.sbcounty.gov

## APPOINTMENT OF AGENT

|                                      |   |      |       |          |
|--------------------------------------|---|------|-------|----------|
| O<br>W<br>N<br>E<br>R                | Full Legal Name of Owner  |      |       |          |
|                                      | Mailing Address   | City | State | Zip Code |
|                                      | Physical Address  | City | State | Zip Code |
|                                      | Contact Person and Title _____ Telephone Number ( ) -   |      |       |          |
| P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y | <input type="checkbox"/> All property listed for this owner in San Bernardino County<br><input type="checkbox"/> All Real property listed for this owner in San Bernardino County<br><input type="checkbox"/> All Business and Personal Property listed for this owner in San Bernardino County<br><input type="checkbox"/> Other: _____<br>_____   |      |       |          |
|                                      | <input type="checkbox"/> General power to represent the owner in property tax matters concerning this property.<br><input type="checkbox"/> The Agent has specific powers listed below:<br><input type="checkbox"/> Filing of Assessor's forms<br><input type="checkbox"/> File Assessment Appeal applications and represent owner at appeal hearings for the assessment year: (please indicate year to be appealed) and to provide me a copy of the assessment appeal application filed on my behalf.<br><input type="checkbox"/> Receive confidential information<br><input type="checkbox"/> Negotiate and resolve assessment matters<br><input type="checkbox"/> Change mailing address of all my property tax notices and other communications for this property, including appraisal notices, appraisal review board orders and hearing notices, tax bills, and collection notices<br>Note: These notices can affect your legal rights. The affected offices are not required by law to send you duplicate copies.<br><input type="checkbox"/> Other: _____ |      |       |          |
| A<br>G<br>E<br>N<br>T                | Agent's Name:   |      |       |          |
|                                      | Mailing Address   | City | State | Zip Code |
|                                      | Physical Address  | City | State | Zip Code |
|                                      | Contact Person and Title _____ Telephone Number ( ) -   |      |       |          |

### Authorization

Signature of Owner, a partner, or LLC Manager/Corporation Officer whom the Board of Directors has designated in writing to sign on behalf of the Corporation.

Date

Please print the Name and Title of the person above.