

DESIGNATION OF AGENT

Company Name: _____

Address: _____

City & State: _____

Date: _____

To: **Jon Lifquist, Assessor-Recorder**
County of Kern
1115 Truxtun Avenue
Bakersfield, CA 93301

This is to authorize: _____
(Agent, Mr./Ms.)

(Agent's Address) (Agent's Telephone)

to act in our behalf as our designated agent in assessment matters for all properties in Kern County which are owned, possessed, or controlled by the undersigned.

The authority of the aforementioned designated agent is as follows: (Please check the appropriate items.)

____ This agent is delegated full authority to handle all matters relative to assessments with your office. You are to divulge to him/her any and all information which we have submitted to you.

____ To sign Property Statements as provided under Section 441, California Revenue and Taxation Code.

____ To represent us for change in assessments before the Assessment Appeals Board of Kern County.

____ Other: _____
(Please specify)

This authorization is to be effective until _____, or until revoked by certified letter, signed by the owner, a partner, or a member of the Board of Directors, acting upon a resolution adopted by such Board.

While we have delegated the above authority to this agent, we accept responsibility for actions he/she makes in our behalf. We understand that we may be required to furnish additional information on request.

Signed by: _____

Typed or Printed Name & Title: _____
(Owner, Partner, Corporate Officer)

Telephone: _____