



County of San Bernardino
Clerk of the Board of Supervisors

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554
Internet: www.sbcounty.gov/assessmentappeals

REVOCATION AND SUBSTITUTION OF AGENT FORM FOR ASSESSMENT APPEAL(S)

APPLICANT INFORMATION
Applicant Name:
Mailing Address: City/State: Zip:
Contact Phone: Fax:

REVOCATION OF AGENT AUTHORIZATION
I hereby revoke and terminate authorization for the following agent/agency to act on my behalf in all matters relative to assessment appeals regarding the property listed below. This revocation is effective on the signature date below unless otherwise indicated.
Agent or Attorney Name:
Company Name (if applicable):
Real Property Only - APN: Assessment Year:
Personal Property Only - APN: Assessment Year:

AUTHORIZATION FOR SUBSTITUTION OF AGENT
I hereby substitute and authorize the person/agency named below to act as my agent in all matters relative to assessment appeals. This authorization includes appearances at Assessment Appeals Board hearings. The agent/agency listed may also inspect the Assessor's records, enter into stipulations, and otherwise settle issues relating to the property listed below. This agent authorization substitution is effective on the signature date below unless otherwise indicated.
Agent or Attorney Name:
Company Name (if applicable):
Mailing Address: City/State: Zip:
Contact Phone: Fax:
Email Address:
Real Property Only - APN: Assessment Year:
Personal Property Only - APN: Assessment Year:

Please note: Altered forms will not be accepted and will be returned unprocessed.

APPLICANT CERTIFICATION
Applicant Signature Signature Date
Title (Owner, Partner, Officer) Company (If Applicable)