



**Sacramento County  
Office of the Assessor**  
Christina Wynn, Assessor  
Jarret Stedifor, Assistant Assessor

**Appraisal Support Section**  
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Sacramento, CA 95864-5952  
<https://assessor.saccounty.gov>  
(916) 875-0700

## Property Owner's Letter of Authorization

**For Assessor's Office Use Only: This authorization does not cover assessment appeals**

*Return completed form to the County Assessor at the above address*

Owner's Name (please print): \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address: \_\_\_\_\_

*If this authorization covers multiple parcels, please check the box below and attach a list of additional properties including the Assessor's Parcel Number (APN) and address of each property.*

☐ A list of \_\_\_\_\_ additional properties is attached.

I certify under penalty of perjury that I own, possess, control or manage the property referenced in this authorization and I have the authority to designate an agent to act on behalf of all of the owners of said property. I hereby authorize the agent to view and/or purchase the Assessor's Confidential Records in my behalf pursuant to Revenue and Taxation Code 408 (d) (e).

Agent Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

The **authority** of this authorization is as follows: (please check appropriate item)

☐ This agent is delegated full authority to handle all assessment matters with your office. Agent shall have access to all information and materials that would be available to the undersigned.

☐ Other (please specify) \_\_\_\_\_

The **duration** of this authorization is as follows: (please check appropriate item)

☐ This authorization is valid until (date): \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ This authorization is valid for calendar year 20\_\_\_\_ only.

☐ This authorization is valid for a period of no more than two (2) years from the date of execution of this authorization unless revoked in writing or terminated by operation of law.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title (if partner or Corporate officer): \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_@\_\_\_\_\_

Important Note: The Assessment Appeals Board is a separate agency from the Office of the Assessor and a separate agent authorization is required for Assessment Appeals.