

STATEMENT OF AGENCY  
TO  
KATRINA BARTOLOMIE, MENDOCINO COUNTY ASSESSOR

501 Low Gap Rd, Room 1020  
Ukiah, California 95482  
Phone (707) 234-6815

I, \_\_\_\_\_ named as  
Assessee or Owner on Assessor's Parcel Number \_\_\_\_\_, and/or for property  
located at \_\_\_\_\_, County of Mendocino, hereby  
appoint the following named person to act as my agent for the purpose of filing property statements with you or the Assessment  
Appeals Boards, examining any records in your office which I have the right

to examine, and discussing and drawing conclusions with you concerning the assessment of the above property.

Agent Name:

\_\_\_\_\_

Agent Address:

\_\_\_\_\_

Agent Phone:

\_\_\_\_\_

This authorization is for:

Real Property Only

Personal Property Only

Real and/or Personal Property

This agency shall terminate on \_\_\_\_\_ unless sooner revoked in writing by me.

I, the undersigned, hereby declare under penalty of perjury that I am an officer of the named Corporation and that this  
authorization is issued pursuant to a written designation by the Board of Directors dated \_\_\_\_\_.

\_\_\_\_\_ Name of Taxpayer

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

Dated: \_\_\_\_\_

Place: \_\_\_\_\_

(CORPORATE SEAL)