

STATEMENT OF AUTHORIZATION**2025**

Please return completed form to the State-Assessed Properties Division, Board of Equalization, P.O. Box 942879, MIC:61, Sacramento, CA 94279-0061. If you have any questions, you may contact us at 1-916-274-3270.

		SBE NUMBER	
COMPANY NAME			
ADDRESS			
CITY		STATE	ZIP CODE
DESIGNATED REPRESENTATIVE		EMAIL ADDRESS	
ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER		FAX NUMBER	

Please be advised that the person listed above is authorized to act as our designated representative before the California State Board of Equalization in connection with the assessment of our property. Our designated representative may inspect or copy all information, documents, and records, including narrations and workpapers relating to the appraisal and the assessment of our property during the period January 1, 2024, through December 31, 2024, for the lien date 2025. *I understand that this form must be filed annually in order for the representative status to remain current.*

OWNER, PARTNER, OR OFFICER'S SIGNATURE	DATE
SIGNATORY'S PRINTED NAME	TITLE