

**INSTRUCTIONS**  
**for**  
**AGENT'S AUTHORIZATION FORM**

**Box 1**

*Complete all sections* in the “**Applicant/Property Information**” portion of the form and provide us with your current mailing address.

*Enter the calendar year* that this authorization is effective.

**NOTE:** Only one calendar year may be authorized.

If you are authorizing a single agent to act on your behalf *for all property owned by you or your organization within the City & County of San Francisco*, **check the appropriate box and initial that section.**

If you are authorizing a single agent to act on your behalf *for property identified on the attached Multiple Property Statement form AAB 305-AM*, **check the appropriate box and initial that section.**

**Box 2**

*Complete all sections.*

**Box 3**

This box ***must be completed by the agent*** named in Box 2.

**Signature  
& Date**

The form ***must be signed and dated at the bottom*** by the applicant named in this application. Signatures in blue ink are preferred. Be sure to print name and title (if applicable) clearly. If a copy of this form is being submitted, you or your agent must produce the original form with original signatures upon request or any action being requested will be denied.

**Mail or Fax  
Completed  
Form to:**

*The Assessment Appeals Board  
City Hall, Room 405  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4697  
415.554.6778 (phone)      415.554.6775 (fax)*