

## OWNER'S AUTHORIZATION FOR INSPECTION BY AGENT OF ASSESSOR'S RECORDS

### FORM INSTRUCTIONS

1. This form may be completed electronically or be printed, completed, and mailed to the Assessor's office.
2. If completing electronically:
  - Free Adobe Reader is required to complete the form online.
  - The form has to be downloaded to sign electronically.
  - Download the form by clicking on this button
  
  - Complete all applicable fields **BEFORE** signing electronically. You may not be able to edit form fields after signing.
  - Sign the form electronically. An unsigned form cannot be accepted.
  - Save a copy of the signed form.
  - Email the completed, signed form as an attachment to [a-svcs@acgov.org](mailto:a-svcs@acgov.org).
3. If completing by hand:
  - Print the form by clicking on this button
  - Complete all applicable fields.
  - Sign and date the form. An unsigned form cannot be accepted.
  - Save a copy of the completed, signed form for your records.
  - Mail the original completed, signed form to the address below:  
PHONG LA, ASSESSOR  
COUNTY OF ALAMEDA  
1221 OAK STREET, ROOM 145  
OAKLAND, CA 94612



**OFFICE OF ASSESSOR  
COUNTY OF ALAMEDA**

1221 Oak St., Room 145, County Administration Building  
Oakland, California 94612-4288  
(510) 272-3787 / FAX (510) 272-3803

**PHONG LA  
ASSESSOR**

**Owner's Authorization for Inspection by Agent of Assessor's Records**

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If the taxpayer is a corporation, this authorization must be signed by an officer or authorized employee of the business entity.

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\_\_\_\_\_  
Date

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

\_\_\_\_\_  
City

\_\_\_\_\_  
APN

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Agent's Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone

(\_\_\_\_\_) \_\_\_\_\_  
Alternate Phone

By my signature below I certify under penalty of perjury that I am the owner or authorized employee/officer of the above referenced property and hereby give my permission to the listed agent to view any and all assessment records pertaining to this property for my period of ownership.

\_\_\_\_\_  
Owner's- Authorized Employee/ Officer's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone

(\_\_\_\_\_) \_\_\_\_\_  
Alternate Phone