

Memorandum

To: Honorable Ted Gaines, Chairman
Honorable Sally J. Lieber, Second District
Honorable Antonio Vazquez, Third District
Honorable Mike Schaefer, Fourth District
Honorable Malia M. Cohen, State Controller

Date: September 5, 2025

From: David Yeung, Deputy Director
Property Tax Department

Subject: ***Board Meeting, September 2025***
Administrative Consent Agenda, Property Tax Form

I am submitting the attached property tax form to the Board for adoption. Government Code section 15606 requires that the Board prescribe and enforce the use of all forms for the assessment of property for taxation, including forms to be used for the application for reduction in assessment. Pursuant to that mandate, staff worked with the California Assessors' Association and other interested parties to create a new form *BOE-701-A, Agent Authorization / Designation of Attorney for Assessor Matters*. This form will go into effect on the January 1, 2026 lien date.

Please place this form on the Board's September 2025 Administrative Consent Agenda for approval.

DY:ta
Attachments

Approved:

/s/ Yvette M. Stowers

Yvette M. Stowers
Executive Director

Board Approved:

Catherine Taylor, Chief
Board Proceedings Division

AGENT AUTHORIZATION / DESIGNATION OF ATTORNEY FOR ASSESSOR MATTERS

This form may be filed to name an agent or designate a California attorney to represent the property owner in all property tax matters with the Assessor's office that are not related to an assessment appeal.

Mail or fax the completed form to the Assessor at the address shown.

NOTE: For an assessment appeal authorization please use BOE-305-AG, *Authorization of Agent/Designation of Attorney*.

AUTHORIZATION OF AGENT	DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO. _____
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The below-named person is hereby authorized to act on my/our behalf as agent or attorney in assessment matters for the property listed below and, if applicable, on the attached list, which are owned, possessed, controlled, or managed by the undersigned.

If the applicant is a corporation, limited partnership, or limited liability company, the authorization must be signed by an officer or authorized employee of the business entity.

NAME OF AGENT OR ATTORNEY			COMPANY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS		
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX NUMBER ()
REAL PROPERTY: ASSESSOR'S PARCEL/ IDENTIFICATION NUMBER			PERSONAL PROPERTY: ACCOUNT/ASSESSMENT NUMBER		

- ☐ A list consisting of _____ additional properties is on page 2 or attached. Include the Assessor's Parcel/Identification Number for each parcel of real property and/or the account/assessment number for each business name and address.

AUTHORITY <i>(please check all applicable items)</i>	THIS SECTION IS NOT NECESSARY FOR LICENSED CALIFORNIA ATTORNEYS
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- ☐ This agent is delegated full authority to handle all assessment matters within the Assessor's office. Agent shall have access to all information and materials that would be available to the undersigned.
- ☐ This agent is delegated full authority to sign Business Property Statements as provided under California Revenue and Taxation Code section 441(e).
- ☐ Other (please specify: _____)

DURATION OF AUTHORITY	THIS SECTION APPLIES TO BOTH AGENTS AND LICENSED CALIFORNIA ATTORNEYS
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- ☐ This authorization is valid until (date): _____
- ☐ This authorization is valid for the calendar year 20 _____ only.
- ☐ This authorization is valid for a **period of no more than four (4) years from the date of execution** of this authorization as indicated below, unless revoked in writing or terminated by operation of law.

REVOCATION	AUTHORIZATION IS HEREBY REVOKED AND TERMINATED FOR THE BELOW-NAMED PERSON/COMPANY TO ACT AS MY AGENT OR ATTORNEY.
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NAME OF AGENT OR ATTORNEY			COMPANY NAME		
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			EMAIL ADDRESS		
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX NUMBER ()

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) I own, possess, control, or manage the property referenced in this authorization; (2) I have the authority to designate an agent/attorney to act on behalf of all of the owners of said property, and (3) the foregoing and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief. I acknowledge delegation of authority to the designated agent/attorney and retain full responsibility for any and all actions this agent/attorney makes on behalf of the owner. I also acknowledge I may be required to furnish additional information which the Assessor may request directly from the owner or through the agent/attorney.

SIGNATURE OF OWNER, PARTNER, OR OFFICER ▶	COMPANY NAME OR DBA	
PRINT NAME	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ()	DATE

AUTHORIZATION OF AGENT FOR MULTIPLE PROPERTIES

OWNER NAME	
<i>For Real Property:</i>	<i>For Personal Property:</i>
ASSESSOR'S PARCEL/IDENTIFICATION NUMBER:	ACCOUNT/ASSESSMENT NUMBER
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ASSESSOR'S PARCEL/IDENTIFICATION NUMBER:	ACCOUNT/ASSESSMENT NUMBER
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