

COUNTY OF MONO ASSESSMENT APPEALS BOARDS

**AGENT'S AUTHORIZATION ATTACHMENT
TO ASSESSMENT APPEALS APPLICATION**

Agent's Name: Matthew Lehman Appraisal, Inc
(print or type)

Business Address: PO Box 1445, Mammoth Lakes, CA 93546
(print or type)

Telephone No.: (760) 934-4151

Fax No.: (760) 934-3319

Is authorized to sign and file assessment appeals applications on behalf of the undersigned for the 2009-2010 fiscal year with regard to the following:

(Please check applicable box)

Specified parcels/assessment (identify each parcel/assessment by Assessor's Identification Number for secured property or Tax Bill Number for unsecured property).

All parcels and assessments located in the County of Mono.

The above-named agent is required to provide the applicant with a copy of the application.

Executed on _____, at _____
(Month, Day, Year) (City, State, Zip)

By _____
Print Name of Property Owner/Taxpayer (name of individual or business or legal entity)

Signature of Property Owner/Taxpayer
(If signing on behalf of a business or legal entity, you must also complete the information requested below. Persons signing as individuals do not need to complete the remainder of this form.)

Print Name (person signing this form)

Title (partner, officer, authorized employee of corporate or business entity, trustee, etc.)