ORANGE COUNTY CLERK OF THE BOARD, ASSESSMENT APPEALS DIVISION
REVOCATION / SUBSTITUTION OF ATTORNEY/AGENT

See Instructions on Reverse Side (Please Type or Print)

1. APPLICANT / PROPERTY INFORMATION

APPLICATION NO. ____________________________________________________________

APPLICANT’S NAME _________________________________________________________

APPLICANT’S STREET ADDRESS _______________________________________________

APPLICANT’S CITY/STATE/ZIP _______________________________________________

SECURED: PARCEL/ASSESSMENT NO.: __________ • __________ OR ☐ SEE ATTACHED LIST.

UNSECURED: PARCEL/ASSESSMENT NO.: __________ OR ☐ SEE ATTACHED LIST.

2. AGENT AUTHORIZATION AFTER INITIAL FILING OF APPEAL

☐ I hereby appoint ____________________________________________________________ (Name of Agent or Attorney)
   as my authorized agent in the above-referenced application with authority to inspect assessor’ records, enter into stipulations, and
   otherwise settle issues relating to the above-referenced application.

   (Attorney/Agent’s Company Name, if applicable)

   (Attorney/Agent’s Address)

   (_____)(______) (______) (___) (____) (____) (___) (___)

   (Agent’s Phone) (Alternate Phone) (Fax Phone)

   This authorization covers the following calendar years*: ____________________________ (*Calendar year is from Jan. 1 through
   Dec. 31. Authorization may not cover more than four consecutive years in the future, beginning with the year in which the authorization is signed.)

3. AGENT AUTHORIZATION SUBSTITUTION

☐ I hereby substitute ____________________________________________________________ (Name of Agent or Attorney)
   as my authorized agent in the above-referenced application with authority to inspect assessor' records, enter into stipulations, and
   otherwise settle issues relating to the above-referenced application.

   (Attorney/Agent’s Company Name, if applicable)

   (Attorney/Agent’s Address)

   This authorization covers the following calendar years*: ____________________________ (*Calendar year is from Jan. 1 through Dec. 31.
   Authorization may not cover more than four consecutive years in the future, beginning with the year in which the authorization is signed.)

4. AGENT AUTHORIZATION REVOCATION

☐ I hereby revoke and terminate authorization for the following agent to act as my agent in the above application.

   __________________________________________________________

   (Name of Agent or Attorney)

   __________________________________________________________

   (Attorney/Agent’s Company Name, if applicable)

APPLICANT’S SIGNATURE ___________________________ TITLE _______________

APPLICANT’S PRINTED NAME ______________________ DATE _______________

HEARING DATE, IF APPLICABLE: _______________________

FORM COB 306
Revise: March 2023
Instructions for
Agent Authorization / Substitution / Revocation Form

**Box 1**
Complete all sections in the “Applicant/Property Information” portion of the form if you are authorizing an agent to handle your assessment appeal after the initial filing, changing agents (substituting a new agent for a former agent), or revoking an existing agent’s authorization.

**Box 2**
If you have not authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1 but now wish to do so, you must complete all sections within the “Agent Authorization After Initial Filing of Appeal” portion of the form, as well as all sections within Box 1.

**Box 3**
If you have previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1 and now wish to change agents (substitute a new agent in place of a former authorized agent), you must complete all sections within the “Agent Authorization Substitution” portion of the form, as well as all sections within Box 1 & Box 4.

**Box 4**
If you previously authorized an agent to act on your behalf with respect to the assessment appeal identified in Box 1, but now wish to handle the appeal yourself, without the assistance of an agent, you must complete all sections within the “Agent Authorization Revocation” portion of the form (Box 4), as well as all sections within Box 1.

**Signature & Date**
The form must be signed and dated at the bottom with an original signature. Signatures in blue ink are preferred. Be sure to print name and title, if applicable, clearly.

Please retain a copy for your own records. Be sure to return the form with the original signature to this office.

**Mail/Fax Completed Form to:**

<table>
<thead>
<tr>
<th>Clerk of the Board of Supervisors</th>
<th>Assessment Appeals Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendaring/Judicial Support Unit</td>
<td>Application Processing Unit</td>
</tr>
<tr>
<td>P.O. Box 22023</td>
<td>P.O. Box 22023</td>
</tr>
<tr>
<td>Santa Ana, CA 92702-2023</td>
<td>Santa Ana, CA 92702-2023</td>
</tr>
<tr>
<td>Phone: (714) 834-3457</td>
<td>Phone: (714) 834-233, Ext. 1</td>
</tr>
<tr>
<td>Fax: (714) 560-4592</td>
<td>Fax: (714) 560-4592</td>
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