

# AGENT AUTHORIZATION FORM

Last Updated Jan 2016



To the City of Live Oak:

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Mailing Address

is hereby authorized to process this application on my/our property, identified as Sutter County Assessor's Parcel Number(s) \_\_\_\_\_

This authorization allows representation for all applications, hearings, appeals, etc. and to sign all documents necessary for said processing, but not including documents(s) relating to record title interest.

Owner(s) of Record (print and sign name):

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail