

# PLACER COUNTY ASSESSOR'S OFFICE

Matthew R. Maynard, Assessor

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## LIMITED AGENCY AUTHORIZATION FOR ACCESS TO BUILDING RECORDS

*This form:*

- *Must include the Assessor's Parcel Number(s)*
- *Must indicate Owner's name(s) as they appear on the last recorded document*
- *Requires Owner's signature(s) and a daytime telephone number*
- *Must be approved by the Placer County Assessor's Office before any records will be released*

I/We, \_\_\_\_\_, hereby authorize the requesting agency/agent listed below to access the Placer County Assessor's Office real property assessment records for the parcels listed below which are owned by me. This authorization is for the purpose of reviewing assessment records related to building improvements and physical characteristics only. I understand that other information may be included in the file(s) to be reviewed. I agree to hold the Assessor harmless from the disclosure of any or all information included with the records reviewed pursuant to this authorization.

### **Agent Information:**

Agency / Agent Name: \_\_\_\_\_

Agent Mailing Address: \_\_\_\_\_

Agent Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Agent Email: \_\_\_\_\_

Please list each Assessor's Parcel Number (APN). **Attach additional sheets if necessary:**

\_\_\_\_\_ (Assessor's Parcel Number)

\_\_\_\_\_ (Assessor's Parcel Number)

\_\_\_\_\_ (Assessor's Parcel Number)

\_\_\_\_\_ (Assessor's Parcel Number)

This authorization is effective on \_\_\_\_\_, and will remain valid for one year from the effective date. (Date)

*The undersigned certifies that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of the owner(s). The undersigned retains full responsibility for any and all actions this agent makes on behalf of the owner(s) and acknowledges that the Assessor may require additional information to be furnished on this request.*

Assessee Name: \_\_\_\_\_ Assessee Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Executed On: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Completed forms may be submitted by:**

**E-File:** [www.placer.ca.gov/assessor](http://www.placer.ca.gov/assessor)

**Email:** [assessor@placer.ca.gov](mailto:assessor@placer.ca.gov)

**Mail or hand delivered to:** Placer County Assessor, 2980 Richardson Drive, Auburn, CA 95603