## STATEMENT OF AUTHORIZATION FOR PERSONAL PROPERTY

Return the completed form to the Shasta County Assessor, 1450 Court St. Suite 208-A, Redding, CA 96001. Or, you may fax it to the Shasta County Assessor, Attn: Business Division at (530) 225-5673.

TAXPAYER NAME			ASSESSMENT NUM	BER (ATTACH IF SEVERAL)	
				, , , ,	
DBA					
MAILING ADDRESS					
CITY		STATE	ZI	P CODE	
The following I	ndividual(s) and/or Positions are her	eby authorized to act o	n the above n	named Taxpayer's behalf	
	ndicated below. This authorization v	will supersede any prev	rious statemei	nts of authorization on file	
ioi the above i	amed Taxpayer.				
INDIV	INDIVIDUAL NAME OR JOB TITLE				
INDIV	INDIVIDUAL NAME OR JOB TITLE				
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INDIV	INDIVIDUAL NAME OR JOB TITLE				
INDIV	IDUAL NAME OR JOB TITLE				
The following r	epresent the specific functions the a	hove names Individual	(e) and/or Pos	citions(s) are authorized t	
	above named Taxpayer's behalf.	bove names marvidual	(3) 4114/01 1 00	oniono(o) are authorized t	
CHE	CHECK SELECTED ITEMS AND DEFINE 'OTHERS', IF NECESSARY				
	Discuss Personal Property Tax matters with the Shasta County Assessor's Office.				
	Sign the Property Statement(s) filed with Shasta County on the Taxpayer's behalf.				
	Request copies of prior year Property Statements from Shasta County for Taxpayer				
<u> </u>	OTHER				
	OTHER				
	OTHER				
Please note the	at for this Statement of Authorization	to be valid it must be	sianed by the	Taynaver (Sole Propriet	
	nership), an Officer (Corporation), or		•		
(Limited Liabilit	ty Company).				
AUTHORIZED SIGNATU	JRE		DATE		
SIGNATORY'S PRINTEI	) NAME		TITLE		
			I		