Decline in Value
PROPERTY TAX APPEALS
408 260 7114
449 Kiely Blvd
Santa Clara, CA 95051-6226

AGENCY AGREEMENT

PROPERTY OWNER _____

PROPERTY ADDRESS _____

COUNTY _____

APN (Assessors Parcel Number) _____

I agree that, as to the property referred to above, DECLINE-IN-VALUE is hereby authorized to act as agent and representative for the undersigned, in all matters relating to the preparation and presentation of a property tax appeal(s) to the County Assessor, Tax Collector, Assessment Appeals Board, Board of Equalization or other agencies, for the 2009/2010 tax year.

The undersigned further authorizes DECLINE-IN-VALUE to execute and cause to be filed on behalf and in the name of the undersigned, any and all documents relating to an appeal(s) of said assessments. The undersigned grants to DECLINE-IN-VALUE the discretion to accept a lower assessed value for the property referred to above, based on its professional judgment. DECLINE-IN-VALUE is specifically authorized to examine and review all documents or information kept and maintained in all County and levying agencies. The undersigned agrees to provide DECLINE-IN-VALUE with the documents and information requested for use in the performance of these services. DECLINE-IN-VALUE will provide the applicant a copy of the application, and any other documents is sends or receives.

The undersigned authorizes DECLINE-IN-VALUE to obtain an appraisal or appraisals of market value for the property referred to above. The cost of the appraisal(s) shall be paid by DECLINE-IN-VALUE.

AGREED: _____

Signature Print Name Telephone Number Date