



Assessor
Sonoma County

585 Fiscal Drive, Room 104F
Santa Rosa, Ca 95403
707-565-1888

AUTHORIZATION TO ACCESS CONFIDENTIAL FILES

I _____ hereby authorize the Sonoma County
Please Print

Assessor to allow _____ access to any and all of my property records, including the authority to obtain copies of any such documents, pertaining to the assessment of my property(ies), both real and/or personal, as follows: (identify by Assessor's Parcel Number, Account Number or Address)

_____	_____
_____	_____
_____	_____
_____	_____

This authorization is valid for the period _____ 20__ through _____ 20__

I am aware that some of the documents in my file(s) may be classified as confidential or secret by one or more California Statutes. Such documents may contain personal financial information regarding financing of real estate or business acquisitions and operations as well as income from investments. I hereby waive my rights of confidentiality under Sections 408, 451 and 481 of the Revenue and Taxation Code, as well as any other applicable statutes or administrative law.

Signature Must Be In Blue Ink To Be Valid.

Signature of Property Owner

Date

Name

Phone No. at Home

Address

Phone No. at Work

An original signature is required and must be in Blue Ink.
NO FAX OR PHOTOCOPIES ARE ACCEPTED.