



**Agent's Authorization Attachment To Assessment Appeals Application**  
**THIS SERVICE COSTS YOU NOTHING IF WE CAN NOT GET YOU A REFUND**

Agents Name: **Robert Simone**  
Property Tax Back, Inc.  
8430 Santa Monica Blvd suite 105  
(323)876-2274 Ph.  
(866)926-3737 Fax  
Owner/ Taxpayer: \_\_\_\_\_

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

Property Address: \_\_\_\_\_

County: \_\_\_\_\_ Assessor's ID No: \_\_\_\_\_

The Undersigned Agrees:

- 1) That Property Tax Back, Inc. shall serve as the agent for the undersigned, and has the exclusive right against all others to represent the undersigned in connection with a real or personal property assessment appeal(s) or any other action with the County assessor and/or County Assessment Appeals Board (Assessment Authorities), for the purpose of obtaining a reduction of the property taxes for the property referenced above.
- 2) To pay Property Tax Back, Inc. **50%** of the tax savings realized in the form of a refund or any reduced tax bill or liability, including refunds or reductions of penalties and/or interest from the assessed roll value as of the date of this agreement, for the tax years of: **2011/2012**. All payments are due within 15 calendar days of the postdate mail of invoice and copy of the signed Assessment Hearing Officer Report and Recommendation. Any payment not received will be assessed a late penalty fee of 1% per month. In the event of any dispute or claim the prevailing party shall be awarded all reasonable attorney fees in accordance to law. The tax savings shall be evidenced by a reduced tax bill, a reduced tax liability, or a refund of taxes already paid. The tax savings from a reduced tax bill will be calculated as the difference between the "trended base year assessment" and the "reduced assessment" multiplied by the appropriate tax rate. A base year filing may encompass more than one year and fee is calculated based upon the number of years affected.

**The above named agent is required to provide the applicant with a copy of this application.**

Executed on: \_\_\_\_\_, at \_\_\_\_\_ (city,state,zip)

By (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

**If signing on behalf of a business or legal entity, you also must complete the information requested below.**

By (Print Name): \_\_\_\_\_

Title: \_\_\_\_\_

**We accept the offer by the party whose signature appears above:**

**Property Tax Back, Inc. reserves the right to withdraw the appeals application at any time.**

**PLEASE FAX THIS BACK TO US 1-(866)-926-3737**