AGENCY AUTHORIZATION CONTINUATION FORM

DESIGNATION DATE _____ **FOR TAX YEAR:** _____

DESIGNATION BY: _____
(Name of Person Owning, Controlling or Possessing Property)

AGENT NAME/FIRM: _____

COUNTY	PARCEL NUMBER	ACCOUNT NUMBER	COUNTY	PARCEL NUMBER	PERSONAL PROPERTY ACCOUNT NUMBER

County Name and Number: (1) Apache (2) Cochise (3) Coconino (4) Gila (5) Graham (6) Greenlee (7) Maricopa (8) Mohave (9) Navajo (10) Pima (11) Pinal (12) Santa Cruz (13) Yavapai (14) Yuma (15) La Paz