



County of Santa Cruz

SHERI THOMAS, ASSESSOR
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Lori Fleet
Chief Deputy-Valuation
Claudia Cunha
Chief Deputy-Administration

AUTHORIZATION TO ACCESS CONFIDENTIAL FILES

I, _____, hereby authorize the Santa Cruz County

Assessor to allow _____ Access to any and all records in his/her possession, 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 parcel number, account number or address).

_____	_____
_____	_____
_____	_____
_____	_____

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. **Authorization is only valid for 30 days from the date of the owner's signature.**

Signature of Owner

Date

If owned by a legal entity, please print your name and title

Daytime phone

Address