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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