



# CLERK, BOARD OF SUPERVISORS ASSESSMENT APPEALS BOARD

## WAIVER AGREEMENT

Owner's Name: \_\_\_\_\_

Parcel/Assessee's Account No(s): \_\_\_\_\_

Agent or Attorney Name (if applicable): \_\_\_\_\_

Name of Agency (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Assessment Appeal Number(s): \_\_\_\_\_

Hearing Date (if applicable): \_\_\_\_\_

The provisions of Revenue & Taxation Code Section 1604(c) provide that the Assessment Appeals Board should hear evidence and make a final determination on an application for reduction of assessment of property within two (2) years of the timely filing of the application, unless the taxpayer and the appeals board mutually agree in writing to an extension of time for the hearing.

If you are in agreement to an extension of time for the hearing on your Application(s) as referenced above, pursuant to the provisions of said Section 1604(c), please indicate your consent below and return this form.

**I HEREBY AGREE TO AN EXTENSION OF TIME FOR THE HEARING ON THE AFORESTATED APPLICATION NO(S) BEYOND THE TWO-YEAR PERIOD OF MY TIMELY FILING.**

**Request submitted to the Clerk of the Board's Office:** 1<sup>st</sup> Waiver      2<sup>nd</sup> Waiver Request

Request

**Print First/Last Name and Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

----- *For Clerk's Office Only* -----

Approved by Assessment Appeals Board No. \_\_\_\_\_ on \_\_\_\_\_  
*(Hearing Date)*

**Anika Campbell-Belton, Clerk of the Board**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Deputy)*