



County of San Diego

ANDREW POTTER, CCB
EXECUTIVE OFFICER/CLERK

CLERK OF THE BOARD OF SUPERVISORS
ASSESSMENT APPEALS SERVICES
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ERIN DEMOREST
ASSISTANT CLERK OF THE BOARD

45-DAY WAIVER OF NOTICE OF HEARING

APPLICANT INFORMATION

Applicant Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Contact Name: _____
Contact Phone No: _____
Email Address: _____

AGENT/ATTORNEY INFORMATION (if applicable)

Agent/Attorney Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

Agency Name: _____
Contact Phone No: _____
Fax No: _____

Must check one box below:

- As the applicant, I am requesting that the 45-Day Noticing for the Application Number(s) listed below on said hearing date be WAIVED.
- As the authorized Agent/Attorney for the Applicant named above, I am requesting that the 45-Day Noticing for the Application Number(s) listed below on said hearing date be WAIVED.
- As the authorized employee/Corporate Office, I am requesting that the 45-Day Noticing for the Application Number(s) listed below on said hearing date be WAIVED.

Appeal Application Information:

APPLICATION NUMBER(S)	ASSESSOR'S PARCEL NO. and/or TAX BILL NO.	HEARING DATE	HEARING TIME

Signature: _____

Print Name: _____

Date: _____

Title: _____