



**ANDREW POTTER, CCB**  
EXECUTIVE OFFICER/CLERK

CLERK OF THE BOARD OF SUPERVISORS  
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**RYAN SHARP**  
ASSISTANT CLERK

**ANN MOORE**  
CHIEF DEPUTY CLERK

## 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: \_\_\_\_\_

**THIS FORM IS SUBJECT TO PUBLIC INSPECTION**