

ANDREW POTTER, CCB EXECUTIVE OFFICER/CLERK

## CLERK OF THE BOARD OF SUPERVISORS PROPERTY TAX ASSESSMENT APPEALS SERVICES 1600 PACIFIC HIGHWAY, ROOM 402, SAN DIEGO, CALIFORNIA 92101-2471 PHONE (619) 531-5777 FAX (619) 338-8159 www.sandiegocob.com

**RYAN SHARP** ASSISTANT CLERK ANN MOORE CHIEF DEPUTY CLERK

## AGREEMENT TO EXTEND TIME FOR ASSESSMENT APPEAL HEARING

APPLICANT INFO	<u>ORMATION</u>		
Applicant Name:			Contact Name:
Mailing Address: State: Zip:			Contact Name: Contact Phone No:
City:	State:	Zip:	Email Address:
Appeals Board fails years of the timely f	to hear evidence and iling of said application	make a final deter on, the taxpayer's o	alifornia Revenue and Taxation Code that if a County Assessment mination on an application for reduction in assessment within two opinion of market value as reflected on the application shall prevail, and mutually agree to an extension of time for the hearing; and
WHEREAS, th	he undersigned taxpay	ver desires a postpo	onement of the hearing on the above-indicated application(s); and
			ves his/her/its rights under the aforesaid Section 1604(c) of the eceiving such postponement;
			rsuant to Section 1604(c) of the California Revenue and Taxation
within which the Bo			als Board and the undersigned taxpayer that the two-year period determination on the above-indicated application(s) is waived.
within which the Bo	oard must hear evidenc		
within which the Bo			
within which the Bo	oard must hear evidenc	ce and make a final	determination on the above-indicated application(s) is waived.
within which the Bo	oard must hear evidenc		determination on the above-indicated application(s) is waived.
within which the Bo	oard must hear evidenc	ce and make a final	(Print Taxpayer's or Agent's Name)
within which the Bo	oard must hear evidenc	ce and make a final	(Print Taxpayer's or Agent's Name)  (Signature of Taxpayer or Agent)
within which the Bo AGREED TO: DATE:  AGREED TO:	oard must hear evidenc	BY:	(Print Taxpayer's or Agent's Name)  (Signature of Taxpayer or Agent)  (Title of Signer and Agency Name)
within which the Bo AGREED TO: DATE:  AGREED TO: ASSESSME	NT APPEALS BOA	BY: _	(Print Taxpayer's or Agent's Name)  (Signature of Taxpayer or Agent)  (Title of Signer and Agency Name)