

HEARING RESPONSE FORM

NOTE: ONLY ONE APPEAL NUMBER FOR EACH FORM WILL BE ACCEPTED. ALTERED FORMS WILL NOT BE PROCESSED.

Hearing Date:	Assessment Appeal Number:	Name of Applicant:
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IMPORTANT: You **MUST** fill out this form completely and return it (hand-delivered, postmarked, faxed, or emailed) by the date indicated on the enclosed Notice of Hearing Letter. If you fail to do so, **YOU MUST ATTEND THE HEARING**, testify under oath, and show good cause for a postponement. If the Board or Hearing Officer finds no good cause to postpone, you may be required to proceed with the hearing as scheduled if there is no objection from the other party, and the appeal may be denied for failing to meet your burden of proof if no evidence is presented. If you do not attend, your appeal will be denied for non-appearance.

Check only one box below:

- I REQUEST TO HAVE MY APPEAL DECIDED ON THIS HEARING DATE. I WILL BE PRESENT.** I will bring 5 copies (or 3 if the appeal is before a Hearing Officer) of all documentation.
- I REQUEST A WAIVER OF APPEARANCE AND TO HAVE MY APPEAL DECIDED ON THIS HEARING DATE. I WILL NOT BE PRESENT.** I want the appeal to be decided in my absence. If my waiver is accepted, I will provide the clerk with 5 copies (or 3 for a Hearing Officer) of all documentation at least 10 days before the hearing.
- I REQUEST TO POSTPONE THIS HEARING DATE AUTOMATICALLY.** This is my **first request** for an automatic postponement. I understand that I will not receive another automatic postponement and that I do not need to attend the hearing as scheduled. The clerk will notify me of a new hearing date. I further understand that by signing below I waive my right to a hearing and final determination within two years after the filing date of the appeal. I agree to indefinitely extend the 2-year deadline for deciding my case(s) (Rev. & Tax. Code § 1604(c)). I understand and agree that, upon the clerk's receipt of the termination notice, the appeal will be heard and decided within the time remaining between the date of execution of this agreement and the expiration of the two years, plus one hundred twenty (120) days from the date of receipt by the clerk.
- I REQUEST TO POSTPONE THIS HEARING DATE - SEE EXPLANATION ATTACHED/ON OTHER SIDE.** I understand that if I am present at the hearing as scheduled and the Board or Hearing Officer denies this request, the appeal may be decided and the property value(s) recommended by the Assessor may be approved. If I am absent, and the Board or Hearing Officer denies this request, the appeal will be denied for non-appearance. I further understand that by signing below I waive my right to a hearing and final determination within two years after the filing date of the application. I agree to indefinitely extend the 2-year deadline for deciding my case(s) (Rev. & Tax. Code § 1604(c)). I understand and agree that, upon the clerk's receipt of the termination notice, the appeal will be heard and decided within the time remaining between the date of execution of this agreement and the expiration of the two years, plus one hundred twenty (120) days from the date of receipt by the clerk.
- I WITHDRAW AND TERMINATE MY APPEAL.** However, I understand that on rare occasions the Board or Hearing Officer decides not to accept a withdrawal. I also understand that if the Assessor has already mailed me a raise letter proposing to increase my assessment roll value(s) at the hearing, this hearing will proceed as now scheduled unless the Assessor agrees that I can withdraw.

I certify that I am the Applicant, or I am authorized to complete and sign this form for the Applicant.

Signature:	Date:
Printed Name:	Title:
Company Name:	Email address: Phone:
Signer's Status: <input type="checkbox"/> owner <input type="checkbox"/> agent <input type="checkbox"/> attorney <input type="checkbox"/> spouse <input type="checkbox"/> registered domestic partner <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> person affected <input type="checkbox"/> CA attorney, state bar # _____ <input type="checkbox"/> corporation's officer or designated employee	

FOR COUNTY USE ONLY

Assessment Appeals Board Chair Certification of acceptance of two year waiver:	Date:
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Received in COB on: _____ Date	By: _____ COB Staff Member
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CONFIRMATION FORM FOR ASSESSMENT APPEALS HEARING DATE

GOOD REASON(S) FOR WHY I NEED A POSTPONEMENT (write below):