



**San Bernardino County
Clerk of the Board of Supervisors
Assessment Appeals**

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**TWO YEAR WAIVER
CONTRACT TO EXTEND TIME FOR HEARING**

REGARDING ASSESSMENT APPEAL APPLICATION(S) AS FOLLOWS:			
Applicant Name:	_____		
Agent Name:	_____	Agency Name:	_____
Appeal Number:	_____	Appeal Number:	_____
Appeal Number:	_____	Appeal Number:	_____

The Assessment Appeals Board (AAB) and the applicant, or duly authorized agent identified below, agree that:

1. The Applicant has a right to a hearing and final determination within two years after filing the application(s) [see Revenue & Taxation Code section 1604(c); State Board of Equalization Property Tax Rule 309(b)]. In order to postpone any AAB hearing, the applicant now waives those rights. The AAB makes no representation as to when a hearing will be scheduled or will begin.
2. This contract stays in effect until 120 calendar days after the Office of the Clerk of the Board (COB) confirms in writing that it received a written notice of termination from the Applicant. The time this contract is in effect does not count toward the two-year period.

APPLICANT/AGENT CERTIFICATION		
_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Agent	_____
Applicant/Agent Signature		Signature Date

ASSESSMENT APPEALS BOARD CHAIR CERTIFICATION	
_____	_____
AAB Chair Signature	Signature Date

***Please fax, mail, or email the completed form to the number or address listed above.
Altered forms will not be accepted.***

County Use Only

Received in COB on: _____	By: _____
Date	COB Staff Member