

Clerk of the Board of Supervisors

Assessment Appeals Application Processing
333 West Santa Ana Blvd., Suite 101
P. O. Box 22023
Santa Ana, CA 92702-2023
(714) 834-2331, Ext. 1 ** FAX (714) 834-4185

Susan Novak Clerk of the Board Pat Martinez Assessment Appeals Division Manager

REQUEST FOR RECONSIDERATION OF APPLICATION FOR CHANGED ASSESSMENT AND 1604C WAIVER

| Application No.: | APN/Assessment No.: |
|---|--|
| Applicant/Agent Name: | |
| Mailing Address: | |
| City/State/Zip: | |
| | pard Rule No. 27(B) requires you to make a formal request for reconsideration in have any questions, contact the Clerk of the Board by calling the phone number listed |
| ☐ I/My client hereby request reconside | eration of the Application for Changed Assessment referenced above. The reason for |
| not appearing at the assessment appe | eal hearing on (Date) is (state reason below): |
| Reason: | |
| | |
| I/My client first learned the result of the | hearing referenced above on: (Date) |
| , | 1604C WAIVER AGREEMENT |
| evidence and make a final determination | n Code Section 1604(c) provide that the Assessment Appeals Board should hear n on an application for reduction of assessment of property within two (2) years of ne taxpayer and the Appeals Board mutually agree in writing to an extension of time |
| Č . | year period in which the Assessment Appeals Board is required to conduct a hearing ove referenced application(s). This waiver can be cancelled. For cancellation details, 34-2331, ext. 1. |
| | TENSION OF TIME FOR THE HEARING ON THE AFORESTATED TWO-YEAR PERIOD OF MY TIMELY FILING. |
| Signature | Title (Applicant or Authorized Agent) |
| Print Name | Date |