OR THORNE

Clerk of the Assessment Appeals Board

Assessment Appeals Division
P. O. Box 22023
Santa Ana, CA 92702-0687
(714) 834-2331 ** FAX (714) 834-4185

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

Confirmation of Appearance

om:	lease print.)				
: A	Application Number(s):				
 Ра	arcel/Assess	ment Number((s):		
	Additional affected applications numbers are listed on attachment. Number of pages attached: eby confirm my appearance at the following Assessment Appeals Board hearing the above-referenced Application(s) for Changed Assessment.				
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the a	bove-refere	Month Old County 211 W. Sant Santa Ana, O	Day Courthouse a Ana Blvd., Hea	ed Assessment. Year	oard hearin

Instructions

Complete the form. The form must be completed by the property owner, his/her authorized agent/attorney, an authorized employee, partner or corporate officer.

Insert the application number(s) and related parcel/assessment number(s) that are scheduled at the Assessment Appeals Board hearing.

If necessary, please check the box to indicate more application numbers are listed on an additional attachment(s) and submit it(them) with the form.

Sign and date the form.

Print the name and title of the person signing the form.

Keep a copy for your records.

Fax completed form to (714) 834-4185.

Or, mail completed form to:

Clerk of the Assessment Appeals Board

P.O. Box 22023

Santa Ana, CA 92702-2023

Or submit it in person at:

Clerk of the Assessment Appeals Board

333 West Santa Ana Blvd., Ste. 101

Santa Ana, CA 92701