## **County of Santa Clara**

Office of the Clerk of the Board of Supervisors Assessment Appeals Board County Government Center, 10th Floor East Wing 70 West Hedding Street San Jose, California 95110-1770 (408) 299-5088 FAX 298-8460 TDD 993-8272



## APPEAL RESPONSE FORM WITHDRAWAL/CONTINUANCE/WAIVER/REQUEST FOR HEARING

Application No.:		Date Filed:
APN/Acct No.:		Date Scheduled:
Applic	ant Name:	
Mailin	g Address:	
City/S	tate/Zip:	
continu Clerk o	uance and/or reinstatement. Please use the fo	e makes it necessary for you to make a formal request in writing for a orm below. Questions regarding this form should be directed to the County Government Center, 70 West Hedding St., East Wing, 10th
То:	Clerk of the Assessment Appeals Board County Government Center, East Wing, 10th Floor 70 West Hedding Street San Jose, CA 95110 Fax: (408) 298-8460	
	I WILL APPEAR at the hearing as scheduled. I signed and returned a stipulation agreement to the Assessor's Office. I WILL NOT APPEAR. I WISH TO WITHDRAW the appeal entirely. I WILL NOT APPEAR but request a one-time CONTINUANCE indicated below.	
Please	continue the hearing on the above scheduled	d application (check one):
	For at least thirty (30) days. For at least sixty (60) days. Until the next hearing date after	
which 1604(c of time	the date of the hearing may be continued be of the Revenue and Taxation Code, and Se	consent and agree to a waiver of the provisions of Section 1604(c) by yound the limit of two (2) years after the date of filing [Section ection 309 of the Property Tax Rules]. This agreement to an extension ffective by delivery of this form to the County of Santa Clara after
(Signed)		(Applicant/Authorized Agent)
Print Name		Date
Property Address		Contact Phone
Email Address		