

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: _____

Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Section 1604(c) of the Revenue and Taxation Code makes it necessary for you to make a formal request in writing for a postponement/continuance. Please use the form below. Questions regarding this form should be directed to the Clerk of the Board's Office, Assessment Appeals, County Government Center, 70 West Hedding St., East Wing, 10th Floor, San Jose, CA 95110 (408)299-5088.

To: 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 application (check one) :

- For at least thirty (30) days.
- For at least sixty (60) days. Until the next hearing date after _____, 20 _____

I understand that by the request for continuance, I consent and agree to a waiver of the provisions of Section 1604(c) by which the date of the hearing may be continued beyond the limit of two (2) years after the date of filing [Section 1604(c) of the Revenue and Taxation Code, and Section 309 of the Property Tax Rules]. This agreement to an extension of time for hearing beyond the two year period is effective by delivery of this form to the County of Santa Clara after signature by the taxpayer or its representative.

(Signed)

(Applicant/Authorized Agent)

Print Name

Date

Property Address

Contact Phone

Email Address