

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 (408) 298-8460 • TDD (408) 993-8272
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REQUEST FOR AMENDMENT OF ASSESSMENT APPEAL AND WAIVER

Application No.: _____ Date Filed: _____
APN/Acct No.: _____ Hearing Scheduled: _____

Applicant Name: _____
Mailing Address: _____
City/State/Zip: _____

You have the right to request an amendment to an application pursuant to Property Tax Rules 305(e)(C)(i). Filing this request form is not a guarantee that the Assessment Appeals Board will approve the amendment to your application. The Assessment Appeals Board will conduct a hearing to determine whether the application will be amended. Questions regarding this form should be directed to the Clerk of the Assessment Appeals Board at the address listed above.

I hereby request an amendment to this appeal (please state reason and specify requested amendment below, and attach a copy of amended application)

Reason/Requested
Amendment: _____

I, _____, declare under Penalty of Perjury, under the laws of the State
(Name)
of California, that all statements contained in this request and any accompanying documents are true and correct. My first knowledge of this issue was on: _____
(Date)

I consent and agree to a waiver of the provisions of Section 1604(c) by which the date of the hearing may be postponed/continued beyond the limit of two (2) years after the date of filing [Revenue and Taxation Code section 1604(c), Property Tax Rule 309.] 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.

I consent to waive the 45-day noticing requirement set forth in Section 1605.6. Yes No

Appearance is required at the amendment hearing.

(Signed)

(Applicant/Authorized Agent)

Print Name

Date

Property Address

Contact Phone

Email Address