

# 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  
assessmentappeals@cob.sccgov.org • www.sccgov.org/assessmentappeals



## REQUEST FOR REINSTATEMENT 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 file a request for reinstatement so that the AAB can resolve disputes concerning the timeliness/validity of your application. [Property Tax Rules 305(c), 309(e).] If your application was denied for lack of appearance at a hearing, you have the right to file, within 60 days thereafter, a written request that the AAB reinstate the application upon a showing of good cause for your lack of appearance. [Property Tax Rule 313(a).] Filing this request for reinstatement form is not a guarantee that the AAB will reinstate your application; rather, the AAB will conduct a hearing to determine whether or not the application will be reinstated. Questions regarding this form should be directed to the Clerk of the Assessment Appeals Board at the address listed above.

I hereby request reinstatement of this appeal (please state reason below)

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Unless otherwise notified, appearance is required at the reinstatement hearing.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Applicant/Authorized Agent)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Email Address