Clerk of the Board of Supervisors

Assessment Appeals Application Processing
333 West Santa Ana Blvd., Suite 101
P. O. Box 22023
Santa Ana, CA 92702-2023
(714) 834-2331, Ext. 1 ** FAX (714) 834-4185

Robin Stieler
Interim Clerk of the Board

Pat Martinez
Assessment Appeals Division Manager

REQUEST FOR RECONSIDERATION OF APPLICATION FOR CHANGED ASSESSMENT AND 1604C WAIVER

Application No.: _____ APN/Assessment No.: _____

Applicant/Agent Name: _____

Mailing Address: _____

City/State/Zip: _____

Orange County Assessment Appeals Board Rule No. 27(B) requires you to make a formal request for reconsideration in writing. Please use this form and if you have any questions, contact the Clerk of the Board by calling the phone number listed above.

☐ I/My client hereby request reconsideration of the Application for Changed Assessment referenced above. The reason for not appearing at the assessment appeal hearing on (Date)_____ is (state reason below):

Reason: _____

_____

_____

_____

I/My client first learned the result of the hearing referenced above on: (Date) _____

1604C WAIVER AGREEMENT

The provisions of Revenue & Taxation Code Section 1604(c) provide that the Assessment Appeals Board should hear evidence and make a final determination on an application for reduction of assessment of property within two (2) years of timely filing of the application, unless the taxpayer and the Appeals Board mutually agree in writing to an extension of time for the hearing.

This waiver agreement extends the two year period in which the Assessment Appeals Board is required to conduct a hearing and make final determination on the above referenced application(s). This waiver can be cancelled. For cancellation details, contact the Clerk of the Board at (714) 834-2331, ext. 1.

I HEREBY AGREE TO AN EXTENSION OF TIME FOR THE HEARING ON THE AFORESTATED APPLICATON NO(S) BEYOND THE TWO-YEAR PERIOD OF MY TIMELY FILING.

_____ _____
Signature Title (Applicant or Authorized Agent)

_____ _____
Print Name Date