

# HEARING DATE CONFIRMATION NOTICE

Assessment Appeals Board  
c/o Board of Supervisors  
3501 Civic Center Drive, Suite 329  
San Rafael, CA 94903  
FAX: 415 473-3645  
email: aab@marincounty.org

*This confirmation notice must be returned by email or by fax not less than 21 days before the scheduled hearing date. Mail or fax to the Clerk of the Board.*

HEARING DATE AND TIME*	APPLICATION NUMBER(S)
HEARING LOCATION	
PARCEL OR ASSESSMENT NUMBER(S)	APPLICANT

\* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CONSIDERED AS SOON AS POSSIBLE.

**Check appropriate box below.**

- CONFIRM** I will be present on the scheduled hearing date.  
I understand that I must bring 6 copies of any evidence I wish to present to the Assessment Appeals Board.
- POSTPONE** I request my right to a one-time postponement of my hearing to another hearing date. I understand that I must make my request at least 21 days before the scheduled hearing date. To schedule your hearing for a future date, please contact the Clerk of the Board at (415) 473-7345 or by email (aab@marincounty.org).  
  
I understand that any request not made at least 21 days before the hearing and any subsequent request must be made in writing, good cause must be shown for the proposed postponement, and **I must appear at the scheduled hearing**. It is the sole discretion of the Board to grant or deny my request. If denied, I must be prepared to proceed with the hearing as scheduled.
- WAIVER** Pursuant to Revenue and Taxation Code Section 1604(c) and Property Tax Rule 309, Title 18 of the California Code of Regulations, I agree to extend the time for hearing and determination; and hereby waive the two-year deadline for hearing and decision, subject to termination of the agreement by 120 days written notice by Applicant.
- WITHDRAW** I wish to withdraw my application. Withdrawals are final and will conclude any further action on the appeal. (Your attendance at the hearing is not required.)  
  
I understand that my withdrawal may only be granted if the Assessor has not provided me with a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the County Board can decide to review an assessment even though the Assessor and Applicant may have agreed to withdraw the appeal.
- STIPULATION** I have signed a stipulation with the Assessor's office. (Your attendance at this hearing is not required.)

**In order to ensure proper scheduling of Assessment Appeals hearings, you must complete and return this form AT LEAST 21 DAYS before the date of your hearing. Failure to appear at the scheduled hearing by you or an authorized representative may result in your application being abandoned and denied for lack of appearance.**

## CERTIFICATION

*I certify under penalty of perjury that I am the owner, or person authorized to sign on behalf of the owner, of the above referenced property.*

SIGNATURE ▶	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS
FILING STATUS	
<input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> ATTORNEY <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> PERSON AFFECTED	
<input type="checkbox"/> CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ <input type="checkbox"/> CORPORATE OFFICER OR DESIGNATED EMPLOYEE	