

**WAIVER TO EXTEND HEARING ON
APPLICATION FOR CHANGED ASSESSMENT**

*To be filed when the taxpayer and the County Assessment Appeals Board mutually agree to waive the two-year mandatory time period in which the Board is required to hear and make a final determination on an appeal.
E-Mail, mail, or fax the completed form to the Clerk of the Board at the address shown on the right.*



Clerk of the Assessment Appeals Board
800 South Victoria Avenue, L#1920
Ventura, CA 93009-1920
Phone: (805) 654-2251
Fax: (805) 677-8711
E-Mail: aabclerk@ventura.org
Website: www.ventura.org/cob/aab

**AGREEMENT TO WAIVE THE PROVISIONS OF
REVENUE AND TAXATION CODE SECTION 1604(c) AND PROPERTY TAX RULE 309(b)**

NAME OF APPLICANT:		HEARING DATE (IF KNOWN)
APPLICATION NUMBER(S):	APPLICATION YEAR	
ASSESSOR'S PARCEL NUMBER(S):		

This waiver agreement extends the two-year period in which the County Board of Equalization or Assessment Appeals Board is required to conduct a hearing and make a final determination on the above referenced application(s).

- This waiver shall extend and toll indefinitely the two-year period subject to the right of the Board to reschedule the matter upon reasonable prior notice to the applicant.
- This waiver extends the two year period until _____.

Important Note: Revenue and Taxation Code section 5097 limits the filing of a claim for property tax refund to four years from the date taxes were paid. Unless specifically authorized by the Board of Supervisors, this waiver does **NOT** extend that four-year statute of limitations even if your appeal has not yet been heard. You should file a claim for a refund of taxes with the Board of Supervisors if this waiver extends your hearing date indefinitely or to a date beyond four years from the date the taxes subject to this appeal were paid.

This waiver may be cancelled by the applicant by delivering a written notice of termination to the Clerk of the Board at the address shown above. Upon receipt of a cancellation notice, the Assessment Appeals Board shall hear and decide the above-referenced application within 120 days from the date the termination notice was received or within 120 days from the expiration of the original two-year period, whichever is later.

This waiver shall be effective upon execution and until such time as the Board renders its final written decision in such appeal(s), or the date indicated above, whichever is earlier.

CERTIFICATION

I hereby certify that I am authorized to execute this waiver, and agree to an extension of time for the hearing beyond the two-year period of my timely filing on the application number(s) specified above.

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	

FOR ASSESSMENT APPEALS BOARD USE ONLY

APPROVED BY THE ASSESSMENT APPEALS BOARD:

DATED: _____

BY: _____
Chair, Assessment Appeals Board

Clerk of the Board