

WAIVER OF 45-DAY NOTICE OF HEARING ON APPLICATION FOR CHANGED ASSESSMENT

To be filed when the taxpayer and the Assessor mutually agree to waive the forty-five-day mandatory time period in which the Board is required to notice of hearing. Mail, e-mail, or fax the completed form to the Clerk of the Board at the address shown.

PLACER COUNTY ASSESSMENT APPEALS BOARD

Submit Form in One of the Following Ways:
E-MAIL: taxappeal@placer.ca.gov
FAX: (530) 889-4099
MAIL: 175 Fulweiler Ave., Auburn, CA 95603

Questions: Appeals Clerk (530) 889-4020

HEARING NOTICE WAIVER AGREEMENT

AGREEMENT TO WAIVE THE PROVISIONS OF PROPERTY TAX RULE 307(b)

NAME OF APPLICANT	HEARING DATE (IF KNOWN)
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NAME OF AGENT (if applicable) _____

APPLICATION NUMBER	YEAR	PARCEL NUMBER	ASSESSMENT NUMBER (If different)
APPLICATION NUMBER	YEAR	PARCEL NUMBER	ASSESSMENT NUMBER (If different)
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ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED

This waiver agreement waives the required forty-five day notice of hearing as required by Rule 307(b) of the California Administrative Code on the above referenced application(s).

CERTIFICATION

I hereby certify that I am authorized to execute this waiver, and agree to waive the required time for noticing a hearing on the application number(s) specified above.

SIGNATURE ▶ _____	DATE EXECUTED
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NAME OF AUTHORIZED SIGNER	TITLE
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FILING STATUS CHECK ONE:
 one OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
 CALIFORNIA ATTORNEY STATE BAR NUMBER: _____ CORPORATE OFFICER OR DESIGNATED EMPLOYEE



ACCEPTED BY COUNTY BOARD:

DATED: _____

BY: _____
 CLERK OF THE BOARD

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION