

WAIVER TO EXTEND HEARING ON APPLICATION FOR CHANGED ASSESSMENT

To be filed when the taxpayer and the County 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. 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

WAIVER AGREEMENT

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
PARCEL NUMBER(S)	ASSESSMENT NUMBER(s) (If different)	

This waiver agreement extends the two-year period in which the County Board of Equalization or Assessment Appeals Board (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 may be cancelled by the applicant by delivering a written notice of termination to the Board at the address shown above. Upon receipt of a cancellation notice, the 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.

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 county board, this waiver does not extend that four-year statute of limitations. You should file a claim for a refund with the Board of Supervisors within that four-year period if this waiver extends your hearing date indefinitely or to a date beyond that period.

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 EXECUTED
NAME OF AUTHORIZED SIGNER	TITLE

FILING STATUS
 one OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
 CALIFORNIA ATTORNEY STATE BAR NUMBER: _____ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

FOR COUNTY BOARD USE ONLY

APPROVED BY COUNTY BOARD:

DATED: _____

BY: _____

CLERK OF THE BOARD

VOTE