



SHASTA COUNTY

CLERK OF THE ASSESSMENT APPEALS BOARD
STEFANY BLANKENSHIP, CHIEF DEPUTY CLERK OF THE BOARD

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REQUEST FOR POSTPONEMENT

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 or fax the completed form to the Clerk of the Board at the address shown.

PLEASE SUBMIT COMPLETED FORM BY MAIL TO:

Shasta County Clerk of the Board
1450 Court Street, Suite 308B
Redding, CA 96001

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)	ASSESSOR'S PARCEL No.:

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).

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.

It is further agreed that a hearing shall be scheduled within two years of either party providing written notice to the other party requesting such hearing. Such written notice will be deemed given two (2) business days following its service by mail on the taxpayer and the Clerk of the Board, return receipt requested, addressed to the last known address of the party receiving notice. If the written notice is served by the taxpayer's agent, such service shall be deemed effective only if the taxpayer shall have previously filed with the Clerk of the Board a written authorization signed by the taxpayer authorizing the agent to represent the taxpayer before the Shasta County Assessment Appeals Board.

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	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION