

HEARING DATE CONFIRMATION

This confirmation notice must be returned not less than 21 days prior to the indicated hearing date. Mail, fax or email to the Clerk of the Board at the following address:

COUNTY OF NEVADA
ASSESSMENT APPEALS BOARD
950 Maidu Avenue, Suite 200
Nevada City, CA 95959

Fax: (530) 265-9836

Email: clerkofboard@nevadacountyca.gov



COUNTY OF NEVADA State of California ASSESSMENT APPEALS BOARD (Board of Supervisors Office)

Gerald R. Bushore, Chair
James Rees, Vice Chair
Steven Hurley, Member
Nicole Phillips, Alternate
Vacant, Alternate
Jeffrey Thorsby, Chief of Staff/Clerk of the Board

HEARING DATE AND TIME * «Expr1000» «MeetingTime»	LOCATION Eric Rood Administrative Center Board of Supervisors Chambers 950 Maidu Avenue, 1 st Floor Nevada City, CA 95959	APPLICATION NUMBER(S) «AABAppNo» APPLICATION TYPE: <input type="checkbox"/> Regular <input type="checkbox"/> Supplemental
PARCEL, ACCOUNT, OR TAX BILL «PropertyID»	APPLICANT «AppGender» «AppFirstName» «AppLastName»	

* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME AND EACH WILL BE CONSIDERED AS SOON AS POSSIBLE IN THE ORDER LISTED ON THE AGENDA.

Check one of the boxes below.

- I will be present on the scheduled hearing date.
Please bring 6 copies of any evidence you wish to present to the Assessment Appeals Board.
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- I request my right to a one-time postponement of my hearing to another hearing date.
I understand that if this is not my first postponement request, I must appear at the scheduled hearing to request another postponement and give reasonable cause to the appeals board. It is the sole discretion of the Board to grant or deny this request. If denied, I must be prepared to proceed with the hearing as scheduled.
If you are requesting a postponement and the date of the currently scheduled hearing is within 120 days of the expiration of the two-year limitations period set by Revenue and Taxation Code Section 1604(c), the Clerk will provide you with a waiver to indefinitely extend and toll the period in which your appeal is to be heard and decided.
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- 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 appeals board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.
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- I have signed a stipulation with the Assessor's office. (After review of the proposed stipulation, the Board may (a) waive appearances, accept the stipulation and change the assessed value accordingly; or (b) reject the stipulation and set the application for full hearing. You are encouraged to attend the hearing at which your stipulation will be considered to answer any questions that the Board may have regarding the proposed stipulation.)

In order to insure proper scheduling of assessment appeals hearings, you must complete and return this form not less than 21 days prior to the date of your hearing. Failure to return this confirmation notice may result in your case being removed from the agenda on the scheduled date. 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 unless you have requested a postponement.

CERTIFICATION

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

SIGNATURE	DATE EXECUTED
NAME OF AUTHORIZED SIGNER	TITLE

FILING STATUS

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