

**HEARING REQUEST FORM
UNTIMELY APPLICATION**

*This request must be returned within 15 days
Of receipt. Mail or deliver 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)

James Rees, Chair

Steven Hurley, Vice Chair

Gerald R. Bushore, Member

Nicole Phillips, Alternate

Vacant, Alternate

Tine Mathiasen, Chief Deputy Clerk of the Board

LOCATION Eric Rood Administrative Center Board of Supervisors Chambers 950 Maidu Avenue, 1 st Floor Nevada City, CA 95959	APPLICATION TYPE: <input type="checkbox"/> Regular <input type="checkbox"/> Supplemental
PARCELS, ACCOUNT, OR TAX BILL	APPLICANT

I request a hearing be set to challenge the determination of untimely filing of Assessment Appeals Applications before the Assessment Appeals Board. (This request must be received within 15 days from the mailing of the Notice of Untimely Receipt of Application.)

Included with this request is a signed statement or affidavit attesting to the timely filing of my application(s) for changed assessment were mailed, or personally delivered, to the Clerk on or before the last day of the applicable filing period.

In order to insure proper scheduling of assessment appeals hearings, you must complete and return this form not less than 15 days from the mailing date of the Notice of Untimely Receipt of Application.

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 AND ADDRESS OF AUTHORIZED SIGNER	TITLE

FILING STATUS

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