



**County of Yuba
Assessment Appeals Board**

Yuba County Government Center
915 Eighth Street, Suite 109
Marysville, CA 95901
(530) 749-7510 FAX (530) 749-7353

Name of Applicant: _____

Application number(s) _____

**REQUEST TO EXTEND TIME FOR HEARING
FOR APPLICATION FOR CHANGED ASSESSMENT**

I request the time for hearing on the above-referenced application(s) for reduction in assessment be extended.

I agree to waive my right to have the application(s) heard and decided by the Assessment Appeals Board within a two-year period from the date of the filing as set forth in subdivision (c) of Section 1604 of the California Revenue and Taxation Code ("two year period"). The time for hearing in this matter will be continued to a time to be determined by the Assessment Appeals Board. I hereby certify that I am authorized to make this waiver.

Signature of Applicant or Attorney/Agent

Firm name (if applicable)

Address

City

State

Zip Code

Date

The Assessment Appeals Board has authorized the Clerk of the Board to agree, on behalf of the Board, to the first request for extension only. Additional extensions require approval by the Board after the applicant appears and presents reasons for the extension.

**THIS DOCUMENT MUST BE SIGNED AND MAILED TO THE
ASSESSMENT APPEALS BOARD IN ORDER TO PROCESS YOUR REQUEST**