



# COUNTY OF SACRAMENTO

ASSESSMENT APPEALS BOARD  
COUNTY ADMINISTRATION BUILDING  
700 H STREET, SUITE 2450, SACRAMENTO, CALIFORNIA 95814  
PHONE (916) 874-7894 FAX (916) 874-7593

Date:

_____	_____
_____	_____

Re: Application Number(s):

Parcel Number(s):

Applicant's Name:

## Extension of Time for Assessment Appeal Hearing

Assessment Appeals Board:

I, \_\_\_\_\_, hereby agree that, in accordance with Revenue And Taxation Code Section 1604 (c), the time for the hearing and determination of the above-referenced application(s) shall be extended indefinitely; provided, however, that upon written notice of my intent to revoke such extension, the two-year period in which the Assessment Appeals Board is required to conduct a hearing and make a final determination on the above-referenced application(s) shall not commence to run until 120 days after delivery of such written notice on the Clerk of the Assessment Appeals Board.

_____ Signature of Applicant/Agent	_____ Date Signed
_____ Print Applicant/Agent's Name	_____ Print Agent/Attorney's Firm Name
_____ Print Street Address	_____ Print City, State, Zip Code
_____ Daytime Telephone Number	_____ Fax/Alternate Telephone Number

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