



ASSESSMENT APPEALS BOARD, SOLANO COUNTY

C/O Clerk of the Board of Supervisors, 675 Texas Street, Suite 6500 Fairfield, CA 94533-6342

WAIVER AND AGREEMENT FOR POSTPONEMENT OF HEARING ON ASSESSMENT APPEALS APPLICATION

Application number(s) _____

Name of Applicant : _____

I, _____
(print name and title, if applicable)

hereby agree to a postponement of hearing on the application specified above which encompasses the following Assessor's parcel/bill number(s) _____

I hereby agree to waive my right to have the above-referenced applications 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"). I hereby certify that I am authorized to make this waiver.

I understand and agree that a hearing will be set for a date to be determined by the Assessment Appeals Board.

I understand that the Assessment Appeals Board intends to hold the hearing on the above date, but have no objection to a continuance of no more than 70 days after that date, and will continue my waiver of the two year period, should the Assessment Appeals Board find good cause for a continuance of the new hearing date.

Signed Attorney's/agents firm name (if applicable)

Address City State Zip Code

Telephone Number Date: _____

The Assessment Appeals Board agrees to Postponement of the Hearing

Clerk Date