BOE-305-W REV. 01 (09-10)

# WAIVER TO EXTEND HEARING ON APPLICATION FOR CHANGED ASSESSMENT

*To be filed when the taxpayer and the County Board mutually agree to waive the two-year mandatory time period in which the Board is required to hear and make a final determination on an appeal. Mail or fax the completed form to the Clerk of the Board at the address shown.*

**San Joaquin County**
**Clerk of the Assessment Appeals Board**
44 N. San Joaquin Street, Suite 627
Stockton, CA 95202
Phone: (209) 468-2350
Fax: (209) 468-3694
Email: cobappeals@sjgov.org
Website: www.sjgov.org

## AGREEMENT TO WAIVE THE PROVISIONS OF REVENUE AND TAXATION CODE SECTION 1604(c) AND PROPERTY TAX RULE 309(b)

| NAME OF APPLICANT | HEARING DATE *(IF KNOWN)* |
|---|---|
| | |

| APPLICATION NUMBER(S) | APPLICATION YEAR |
|---|---|
| | |

| PARCEL NUMBER | ACCOUNT OR TAX BILL NUMBER *(If applicable)* |
|---|---|
| | |

This waiver agreement extends the two-year period in which the County Board of Equalization or Assessment Appeals Board is required to conduct a hearing and make a final determination on the above referenced application(s).

☐ This waiver shall extend and toll indefinitely the two-year period subject to the right of the Board to reschedule the matter upon reasonable prior notice to the applicant.

**Or**

☐ This waiver extends the two year period until _____.

This waiver may be cancelled by the applicant by delivering a written notice of termination to the county board at the address shown above. Upon receipt of a cancellation notice, the county board shall hear and decide the above-referenced application within 120 days from the date the termination notice was received or within 120 days from the expiration of the original two-year period, whichever is later.

This waiver shall be effective upon execution and until such time as the Board renders its final written decision in such appeal(s), or the date indicated above, whichever is earlier.

## CERTIFICATION

***I hereby certify that I am authorized to execute this waiver, and agree to an extension of time for the hearing beyond the two-year period of my timely filing on the application number(s) specified above.***

| SIGNATURE ▶ | DATE |
|---|---|
| | |

| PRINT NAME OF AUTHORIZED SIGNER | TITLE |
|---|---|
| | |

| COMPANY NAME | EMAIL ADDRESS |
|---|---|
| | |

FILING STATUS

☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED

☐ CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ ☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

## FOR COUNTY BOARD USE ONLY

APPROVED BY COUNTY BOARD:

DATED: _____

☐ This waiver DOES NOT extend the four-year statute of limitations for filing a claim for refund.

☐ This waiver extends the four-year statute of limitations for filing a claim for refund to: _____.

BY: _____ CHAIRPERSON

_____ CLERK OF THE BOARD

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**