



County of Santa Cruz

CLERK OF THE ASSESSMENT APPEALS BOARD

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

Agreement for Extension and Waiver of Rights

Applicant: _____ **Application Number:** _____

It is hereby agreed, between the applicant and the Board, at the request of the applicant, to extend the time during which my appeal may be heard. I also agree to waive my rights as provided in Section 1604(c) of the California Revenue and Taxation Code. I HEREBY AGREE TO AN EXTENSION OF TIME FOR THE HEARING ON THE APPLICATION NUMBER (S) LISTED ABOVE BEYOND THE TWO-YEAR PERIOD OF TIMELY FILING.

_____ Extension: indefinite, but terminable upon 120 days notice by either the applicant or the Board to a date within the Board's hearing schedule.

Have you previously received an extension? NO YES _____ (if yes, when)

REASON FOR EXTENSION:

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.

Signature of Applicant or Agent _____ Date _____

Extension and waiver approved _____ Date _____

When completed, please return to:

Clerk of the Board of Supervisors
County of Santa Cruz
701 Ocean Street, Room 520
Santa Cruz, CA 95060