



Clerk of the Assessment Appeals Board

Calendaring/Judicial Support Services

P. O. Box 687

Santa Ana, CA 92702-0687

(714) 834-3457 *** FAX (714) 560-4592

Robin Stieler
Clerk of the Board

Irene Muro
Assessment Appeals Division Manager

45-DAY WAIVER OF NOTICE OF HEARING

TO: Clerk of the Assessment Appeals Board
Calendaring/Judicial Support Services
211 West Santa Ana Blvd., Room 209
Santa Ana, CA 92702

Dear Assessment Appeals Board Members/Hearing Officer:

The Applicant/ Agent and Orange County Assessor do hereby *waive the 45-day notice of hearing* set forth in Orange County Assessment Appeals Board Rules of Procedure No. 8 and request that the application(s) listed below be added to the following calendar:

Date _____ Time _____ Board No. _____ Hearing Officer

Application Number: _____ Parcel/Bill/Assessment Number: _____

Application Number: _____ Parcel/Bill/Assessment Number: _____

Application Number: _____ Parcel/Bill/Assessment Number: _____

Application Number: _____ Parcel/Bill/Assessment Number: _____

Application Number: _____ Parcel/Bill/Assessment Number: _____

Additional affected applications numbers are listed on attachment.
Number of pages attached: _____

Signature of Owner/ Agent/Attorney/Authorized Employee/Corp. Officer _____
Date

Print Name of Owner/Agent/Attorney/Authorized Employee/Corp. Officer and Title _____
Phone Number

Signature of Orange County Assessor Representative _____
Date

Print Name of Orange County Assessor Representative and Title _____
Phone Number

45-DAY WAIVER OF NOTICE OF HEARING

A 45-Day Waiver of Notice is an agreement by both the County Assessor and an Applicant and/or his/her Agent to waive the statutory requirement to provide written notice to the Assessor and the Applicant/Agent 45 days prior to a scheduled Assessment Appeals Board hearing (Orange County Assessment Appeals Board Rules of Procedure No. 8).

Instructions

Section 1: Insert the date in which you wish to have your appeal(s) scheduled. Standard time should be used e.g., 9:00 a.m.

Date _____ Time _____ <input type="checkbox"/> Board <input type="checkbox"/> Hearing Officer

Section 2: Insert the application number(s) you wish to schedule. If necessary, please check the box indicating more application numbers are listed on an attachment(s) and submit the attachment(s) with the form.

Section 3: Section must be completed by the property owner, his/her agent/attorney, an authorized employee or corporate officer.

Section 4: Section must be completed by a representative of the Orange County Assessor's Office.

The form must be **signed and dated** with *original signatures*. Signatures in **blue** ink are preferred because blue signatures are easier to identify as original.

If you keep a copy for your own records, please be sure to return the form with the original signature to the office of the Clerk of the Assessment Appeals Board.

Mail completed form to:

Clerk of the Assessment Appeals Board

P.O. Box 22023

Santa Ana, CA 92702-2023

Or submit it in person at:

Clerk of the Assessment Appeals Board

400 W. Civic Center Drive, Room 110

Santa Ana, CA 92701