



# Clerk of the Assessment Appeals Board

Assessment Appeals Division

P. O. Box 22023

Santa Ana, CA 92702-0687

(714) 834-2331 \*\* FAX (714) 834-4185

**Robin Stieler**  
Clerk of the Board

**Irene Muro**  
Assessment Appeals Division Manager

## Confirmation of Appearance

**To: The Orange County Clerk of the Assessment Appeals Board**

**From:** \_\_\_\_\_  
(Please print.)

**Re:** Application Number(s):  
\_\_\_\_\_  
\_\_\_\_\_

Parcel/Assessment Number(s):  
\_\_\_\_\_  
\_\_\_\_\_

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

**I hereby confirm my appearance at the following Assessment Appeals Board hearing for the above-referenced Application(s) for Changed Assessment.**

**Date:** \_\_\_\_\_  
Month Day Year

**At: Old County Courthouse**  
**211 W. Santa Ana Blvd., Hearing Room \_\_\_\_\_**  
**Santa Ana, CA 92701**

_____	_____
Applicant's/Agent's Signature	Date
_____	_____
Print Name	Title

## **Instructions**

**Complete the form.** The form must be completed by the property owner, his/her authorized agent/attorney, an authorized employee, partner or corporate officer.

**Insert the application number(s) and related parcel/assessment number(s)** that are scheduled at the Assessment Appeals Board hearing.

**If necessary, please check the box to indicate more application numbers** are listed on an additional attachment(s) and submit it(them) with the form.

**Sign and date the form.**

**Print the name and title** of the person signing the form.

**Keep a copy for your records.**

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**Fax completed form to (714) 560-4592.**

**Or, 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**