Clerk of the Board, County of San Bernardino
385 North Arrowhead Avenue, Second Floor
San Bernardino, CA 92415-0130

Office: 909-387-4413
Fax: 909-387-4554
Email: cob@sbcounty.gov

CONFIRMATION FORM FOR ASSESSMENT APPEALS HEARING DATE

Hearing Date:	Assessment Appeal Number:	Name of Applicant:

IMPORTANT: You **MUST** fill out this form completely and return it (hand-delivered, postmarked, faxed, or emailed) by the date indicated on the enclosed Hearing Scheduling Letter. If you fail to do so, **YOU MUST ATTEND THE HEARING**, testify under oath, and show good cause for a postponement. If the Board or Hearing Officer rules against you, the hearing may proceed. If you do not attend, your appeal will be denied for non-appearance.

Check only one box below:

☐ **PLEASE HAVE MY APPEAL DECIDED ON THIS HEARING DATE. I WILL BE PRESENT.** I plan to attend. I will bring 5 extra copies (3 for a hearing officer) of documentation (including pictures, if any).

☐ **PLEASE HAVE MY APPEAL DECIDED ON THIS HEARING DATE. I WILL NOT BE PRESENT.** I do not plan to attend, and I want the appeal to be decided in my absence. I will give the Clerk 5 copies (3 for a Hearing Officer) of my documentation (including pictures, if any) at least 10 days before the hearing. I also understand that the decision of the Board or Hearing Officer is final.

☐ **PLEASE POSTPONE THIS HEARING DATE AUTOMATICALLY.** This is my **first request** for an automatic postponement. I understand that I will not receive another automatic postponement and that I do not need to attend the hearing as scheduled. The Clerk will notify me of a new hearing date. I agree to sign a document from the Clerk that will indefinitely extend the 2-year deadline for deciding cases (Rev. & Tax. Code § 1604(c)).

☐ **PLEASE POSTPONE THIS HEARING DATE - SEE EXPLANATION ATTACHED/ON OTHER SIDE.** I understand that if I am present at the hearing as scheduled, and the Board or Hearing Officer denies this request, my appeal may be decided and the property value(s) recommended by the Assessor may be approved. If I am absent, and the Board or Hearing Officer denies this request, my appeal will be denied for non-appearance. But if the Assessor agrees with this request before the hearing, I won't need to attend and the Clerk will notify me of a new hearing date. Also, I agree to sign a document from the Clerk that will indefinitely extend the 2-year deadline for deciding cases (Rev. & Tax. Code § 1604(c)).

☐ **I WITHDRAW AND TERMINATE MY APPEAL.** However, I understand that on rare occasions the Board or Hearing Officer decides not to accept a withdrawal. I also understand that if the Assessor has already mailed me a raise letter proposing to increase my assessment roll value(s) at the hearing, this hearing will proceed as now scheduled unless the Assessor agrees that I can withdraw.

I certify that I am the Applicant, or I am authorized to complete and sign this form for the Applicant.

Signature:		Date:
Printed Name:		Title:
Company Name:	Email address: Phone:	
Signer's Status: □ owner □ agent □ attorney □ spouse □ registered domestic partner □ child □ parent □ person affected □ CA attorney, state bar #_____ □ corporation's officer or designated employee		

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GOOD REASON(S) FOR WHY I NEED A POSTPONEMENT (write below):