



County of San Bernardino
Clerk of the Board of Supervisors

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/

REQUEST FOR REINSTATEMENT OF ASSESSMENT APPEAL(S)

NOTE: If an appeal has been denied due to the applicant's or agent's failure to appear at a scheduled hearing, the applicant/agent has the opportunity to request reinstatement of the appeal. If requesting reinstatement, the request must be filed with the Clerk of the Board office no later than thirty (30) days after the Clerk has mailed notice of the Assessment Appeals Board's decision to deny an appeal for failure to appear at a scheduled hearing.

APPLICANT INFORMATION
Applicant Name :
Mailing Address: City/State: Zip:
Contact Phone No:

AGENT INFORMATION (IF APPLICABLE)
Agency Name:
Agent Last Name: First Name:
Mailing Address: City/State: Zip:
Contact Phone No:

I request that the appeal(s) listed below be reinstated:
(attach additional sheet if needed)
Appeal Number:
Assessor Parcel Number (APN):
Appeal Number:
Assessor Parcel Number (APN):

Explain why you did not appear for your scheduled hearing. State the facts in support of your request for reinstatement.

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and correct.

Applicant Agent

Signature

Please Print Name

Date Signed

Please fax or mail completed/signed form to the number or address listed above. Please note: altered forms will not be accepted and will be returned unprocessed. Thank you.