



**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/assessmentappeals

**TWO YEAR WAIVER
CONTRACT TO EXTEND TIME FOR HEARING**

| REGARDING ASSESSMENT APPEAL APPLICATION(S) AS FOLLOWS: | | | |
|--|-------|---------------------|-------|
| Applicant Name: | _____ | | |
| Application Number: | _____ | Application Number: | _____ |
| Application Number: | _____ | Application Number: | _____ |

The Assessment Appeals Board (AAB) and the applicant, or duly authorized agent identified below, agree that:

1. The Applicant has a right to a hearing and final determination within two years after filing the application(s) [see Revenue & Taxation Code section 1604(c); State Board of Equalization Property Tax Rule 309(b)]. In order to postpone any AAB hearing, the applicant now waives those rights. The AAB makes no representation as to when a hearing will be scheduled or will begin.
2. This contract stays in effect until 120 calendar days after the Office of the Clerk of the Board (COB) confirms in writing that it received a written notice of termination from the Applicant. The time this contract is in effect does not count toward the two-year period.

Please note: Altered forms will not be accepted and will be returned unprocessed.

| APPLICANT/AGENT CERTIFICATION | | |
|---|----------------------|----------------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Agent | | |
| Applicant/Agent Signature _____ | Indicate Which _____ | Signature Date _____ |

| ASSESSMENT APPEALS BOARD CHAIR CERTIFICATION | |
|--|----------------------|
| AAB Chair Signature _____ | Signature Date _____ |

County Use Only

| | |
|---------------------------|------------------|
| Received in COB on: _____ | By: _____ |
| Date | COB Staff Member |