



## Clerk of the Assessment Appeals Board

Calendaring/Judicial Support Services

400 W. Civic Center Dr, Room 110

Santa Ana, CA. 92701

(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 _____ <input type="checkbox"/> Board No. _____ <input type="checkbox"/> 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: _____ |
| <input type="checkbox"/> Additional affected applications numbers are listed on attachment.<br>Number of pages attached: _____ |                                      |

|                                                                                                |                       |
|------------------------------------------------------------------------------------------------|-----------------------|
| _____<br><i>Signature of Owner/ Agent/Attorney/Authorized Employee/Corp. Officer</i>           | _____<br>Date         |
| _____<br><i>Print Name of Owner/Agent/Attorney/Authorized Employee/Corp. Officer and Title</i> | _____<br>Phone Number |

|                                                                               |                       |
|-------------------------------------------------------------------------------|-----------------------|
| _____<br><i>Signature of Orange County Assessor Representative</i>            | _____<br>Date         |
| _____<br><i>Print Name of Orange County Assessor Representative and Title</i> | _____<br>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 or submit it in person the completed form to:**

**Clerk of the Board Department  
Assessment Appeals Division  
400 W. Civic Center Dr, Room 110  
Santa Ana, CA. 92701**