

# County of Santa Clara

Office of the Clerk of the Board of Supervisors  
Assessment Appeals Board  
County Government Center, 10th Floor East Wing  
70 West Hedding Street  
San Jose, California 95110-1770  
(408) 299-5088 FAX 298-8460 TDD 993-8272



## REQUEST FOR REINSTATEMENT OF ASSESSMENT APPEAL AND WAIVER

Application No.: \_\_\_\_\_ Date Filed: \_\_\_\_\_

APN/Acct No.: \_\_\_\_\_ Hearing Scheduled: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Section 1604(c) of the Revenue and Taxation Code makes it necessary for you to make a formal request in writing for a continuance and/or reinstatement. Please use the form below. Questions regarding this form should be directed to Clerk of the Assessment Appeals Board at the address listed above.

I hereby request reinstatement of this appeal (please state reason below)

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ declare under Penalty of Perjury, under the laws of the State  
(Name)

of California, that all statements contained in this request and any accompanying documents are true and

correct. My first knowledge of this issue was on: \_\_\_\_\_  
(Date)

I consent and agree to a waiver of the provisions of Section 1604(c) by which the date of the hearing may be continued beyond the limit of two (2) years after the date of filing [Section 1604(c) of the Revenue and Taxation Code, and Section 309 of the Property Tax Rules]. This agreement to an extension of time for hearing beyond the two-year period is effective by delivery of this form to the County of Santa Clara after signature by the taxpayer or its representative.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Applicant/Authorized Agent)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Email Address