COUNTY OF LOS ANGELES
ASSESSMENT APPEALS BOARD

B4 KENNETH HAHN HALL OF ADMINISTRATION, 500 WEST TEMPLE STREET
LOS ANGELES CALIFORNIA 90012
PHONE (213) 974-1471 / FAX (213) 217-4979

WAIVER AND AGREEMENT FOR POSTPONEMENT OF HEARING ON ASSESSMENT APPEALS APPLICATION

APPLICATION NUMBER: _____

APPLICANT'S NAME: _____

AGENT/ATTORNEY: _____
(PRINT NAME AND TITLE, IF APPLICABLE)

I hereby agree to a postponement of hearing on the application specified above which encompasses the following Assessor's parcel/bill number(s):

_____

I hereby agree to waive my right to have the above-referenced application heard and decided by the Assessment Appeals Board within a two-year period from the date of the filing as set forth in subdivision (c) of Section 1604 of the California Revenue and Taxation Code ("**two-year period**"). I understand and agree that I may terminate this waiver of the two-year period by delivering a written notice of termination ("**termination notice**"), in person or by mail, to the Assessment Appeals Board at the address shown in the letterhead above.

I understand and agree that, upon receipt of the termination notice, the Assessment Appeals Board shall hear and decide the above-referenced application within the "**extended time period**" which is any period of time remaining between the date of execution of this agreement and the expiration of the two-year period, **plus** one hundred twenty (120) days from the date of receipt by the Assessment Appeals Board of the termination notice.

I understand and agree that the Assessment Appeals Board may set the above-referenced application for hearing at its discretion, or before expiration of the extended time period, whichever is earlier, and in any case, may give written notice of hearing by mail no less than ten (10) days prior to the scheduled date of the hearing.

This field requires manual original signature, please print form first

_____
Signature

_____
Attorney's/agent's firm name (if applicable)

_____ _____
Address *City* *State* *Zip Code*

_(_____)_____ _____
Telephone *Date*

FOR AAB USE ONLY

The Assessment Appeals Board agrees to the postponement of hearing and the Clerk will set the application for hearing at a later date and notify the applicant or his/her agent in writing no less than ten (10) days prior to the hearing.

_____ _____
Deputy Clerk *Date*

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