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ASSESSMENT APPEALS BOARD
City Hall, Room 405
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

WAIVER AGREEMENT

Application Number(s): _____

Applicant Name: _____

Block & Lot / Assessment Number(s): _____

Address: _____

In consideration of the Assessment Appeals Board granting a postponement of the hearing on the above referenced application(s), I hereby waive the benefit of the time limitations provided in the following provision of the Revenue and Taxation Code:

Section 1604 which provides that the Assessment Appeals Board should hear evidence and make a final determination on an application for reduction of assessment of property within two (2) years of the timely filing of the application unless the taxpayer and the appeals board mutually agree in writing to an extension of time for the hearing.

I HEREBY AGREE TO AN EXTENSION OF TIME FOR THE HEARING ON THE AFORESTATED APPLICATION NUMBER(S) BEYOND THE TWO-YEAR PERIOD OF MY TIMELY FILING.

Date: _____

Signature: _____

Name of Applicant/Agent: _____

******Please return this form with your Hearing Postponement Request******

AGREED AND ACCEPTED:

THE SAN FRANCISCO ASSESSMENT APPEALS BOARD #1 #2 Date: _____

By: _____

By: _____

By: _____