



REQUEST FOR REINSTATEMENT OF ASSESSMENT APPEAL(S)

NOTE: If an appeal has been denied due to the applicant's or agent's failure to appear at a scheduled hearing, the applicant/agent has the opportunity to request reinstatement of the appeal. If requesting reinstatement, the request must be filed with the Clerk of the Board office no later than thirty (30) days after the Clerk has mailed notice of the Assessment Appeals Board's decision to deny an appeal for failure to appear at a scheduled hearing.

APPLICANT INFORMATION

Applicant Name : _____
Mailing Address: _____ City/State: _____ Zip: _____
Contact Phone No: _____

AGENT INFORMATION (IF APPLICABLE)

Agency Name: _____
Agent Last Name: _____ First Name: _____
Mailing Address: _____ City/State: _____ Zip: _____
Contact Phone No: _____

I request that the appeal(s) listed below be reinstated:

(attach additional sheet if needed)

Appeal Number: _____

Assessor Parcel Number (APN): _____

Appeal Number: _____

Assessor Parcel Number (APN): _____

Explain why you did not appear for your scheduled hearing. State the facts in support of your request for reinstatement.

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and correct.

☐ Applicant

☐ Agent

Signature

Please Print Name

Date Signed

Please fax or mail completed/signed form to the number or address listed above. Thank you.