

HEARING DATE CONFIRMATION NOTICE

This form must be completed and returned to the Clerk of the Board by E-Mail, Fax, or Mail, to the address shown on the right.

Hearing confirmation must be returned no later than 30 days prior to the scheduled hearing. Requests for postponement must be returned no later than 21 days prior to the scheduled hearing.



Clerk of the Assessment Appeals Board
 800 South Victoria Avenue, L#1920
 Ventura, CA 93009-1920
 Phone: (805) 654-2251
 Fax: (805) 677-8711
 E-Mail: aabclerk@ventura.org
 Website: www.ventura.org/cob/aab

HEARING DATE AND TIME*	APPLICATION NUMBER(S):
HEARING LOCATION:	
ASSESSOR'S PARCEL NUMBER(S):	APPLICANT NAME:

* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CONSIDERED AS SOON AS POSSIBLE IN THE ORDER LISTED ON THE AGENDA.

CHECK ONE OF THE BOXES BELOW.

1. **I will be present on the scheduled hearing date.**
Hearing Confirmation must be returned no later than 30 days prior to the scheduled hearing.
 Failure to confirm appearance does not excuse the requirement for appearance at the scheduled hearing.
 You are required to provide 6 copies of any evidence you wish to present to the Assessment Appeals Board, at the Scheduled Hearing.

2. **I request my right to a one-time postponement (reschedule) of my hearing to another hearing date.**
 Please postpone my hearing to (select only one):
 _____ or _____
When requesting a one-time postponement, this form must be returned no later than 21 days prior to the scheduled hearing.
 You are required to contact the Clerk of the Board if there is an issue with the date options provided. The Clerk of the Board has full discretion over scheduling of hearings. Your hearing is not postponed until you receive a written notice of postponed hearing from the Clerk of the Board.

You will only be premitted to postpone your hearing one time. If your have previously been granted a postponement or your request is not submitted timely, you must appear at the scheduled hearing and make your request for another postponement in person, and give reasonable cause to the appeals board. It is the sole discretion of the board to grant or deny this request. If denied, you must be prepared to proceed with the hearing as scheduled.

3. **I wish to withdraw (cancel) my application.**
 Withdrawals are final and will conclude any further action on the appeal. (Your attendance at the hearing is not required.)
 A withdrawal may be submitted at any time prior to the scheduled hearing.
 I understand that my withdrawal may only be granted if the assessor has not provided me with a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

4. **I have signed a value stipulation form with the Assessor's office.** (Your attendance at the hearing is not required.)
 The Applicant or Applicant's Representative and the Assessor's Office have determined the assessment being appealed should be changed, and both parties have signed and returned a value stipulation form agreeing to the new assessment.

In order to ensure proper scheduling of assessment appeals hearings, you must complete and return this form by the deadlines for each option, as listed above. Failure to appear at the scheduled hearing by you or an authorized representative may result in your application being abandoned and denied for lack of appearance.

CERTIFICATION

I certify under penalty of perjury that I am the owner, or person authorized to sign on behalf of the owner, of the above referenced property.

SIGNATURE ▶	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

FILING STATUS

OWNER
 AGENT
 ATTORNEY
 SPOUSE
 REGISTERED DOMESTIC PARTNER
 CHILD
 PARENT
 PERSON AFFECTED
 CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE