

Authorized Agent

## **County of Santa Cruz**

## **CLERK OF THE ASSESSMENT APPEALS BOARD**

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

## **Timeliness Hearing Request Form**

Applicant Information:		
Applicant Name:	Contact Phone No.	
Mailing Address:	City:	_ State: Zip:
Email Address:		
Agent/Attorney Information:		
Agent/Attorney Name:	_ Agency/Firm:	
Mailing Address:	City:	_ State: Zip:
Email Address:	Phone No	
Appeal Application Information:		
Application No:	Assessor Parcel I	No:
Certification:		
I hereby request a Timeliness Hearing for my Application for Changed Assessment.		
Signed:	Date:	
Applicant		
Signed:	Date:	

**Note:** Requests for Timeliness Hearings must be made and submitted to the Clerk in writing, and in compliance with Property Tax Rule 305, subsection (c) (4), and Property Tax Rule 309, subsections (c) and (e). Notice of a Scheduled Timeliness Hearing will be provided by the Clerk. For questions regarding this form, please contact the Clerk of the Assessment Appeals Board at (831) 454-232 or by email as <u>AssessmentAppeals@santacruzcounty.us</u>.