In re: ________________________________

Application(s) for Changed Assessment
No(s). ________________________________

Stipulation for Waiver
of Time for Hearing Per
Rev. & Tax Code 1604 (c)

The Applicant, ________________________________ and the Santa Barbara County Assessment Appeals Board (Appeals Board) do hereby stipulate and agree:

(1) To a waiver of the 2-year time limit set forth in California Revenue And Taxation Code section 1604, subdivision (c), for the above-referenced application(s) for changed assessment.

(2) The applicant hereby waives any and all rights to have the application(s) for changed assessment heard within the required two year statute of limitations set forth in said section 1604, subdivision (c).

(3) The hearing on the application(s) for changed assessment shall be set forth by the Clerk of the Appeals Board on the receipt of written notice from the applicant to set the matter for hearing or on instruction from the Appeals Board to set the matter for hearing.

(4) The hearing on the application for changed assessment pursuant to paragraph 3 of this stipulation may be set for a hearing on the merits of the application for a date during the initial 2-year time limit after the timely filing of the application for changed assessment.

(5) Notwithstanding paragraph (4) of this stipulation, the Appeals Board may schedule special proceedings, such as status conferences or applications for subpoenas or other orders other than a hearing on the merits of the application(s) for changed assessment.

(6) The waiver of the 2-year time limit set forth at paragraphs 1 and 2 of this stipulation shall be effective up to and including the date that the Appeals Board makes a final determination on the above-referenced application(s) for changed assessment.

(7) The person executing this document for and on behalf of the applicant warrants and represents that he or she is an agent of the applicant and that he or she is authorized to bind the applicant to the stipulation and agreement contained therein.

Santa Barbara County
Assessment Appeals Board

Date: _________
________________________
Chair

Date: _________
________________________
Applicant