

REQUEST FOR BOARD HEARING

Assessment Appeals Division
500 West Temple Street Room B-4
Los Angeles, California 90012
(213) 974-1471

Application No.: _____

Applicant Name: _____

Mapbook-Page-Parcel No.: _____

Hearing Date _____

Due by Date: _____

I hereby appeal the Hearing Officer's recommendation on the above Application and request that the application be rescheduled for a hearing before the Full Board.

I understand that the hearing before the Full Board will be a **completely new hearing** and all recommendations made by the Hearing Officer will be **null and void**.

I also understand that I must also complete the **Waiver and Agreement For Postponement on Assessment Appeals Application** along with this **Request for Board form and submit the forms together.**

Name: _____
(Please Print)

Signature: _____

Owner Agent Spouse Child Parent Attorney Domestic Partner

Received By: _____