



COUNTY OF YOLO

Board of Supervisors

District 1, Oscar Villegas
District 2, Lucas Frerichs
District 3, Mary Vixie Sandy
District 4, Jim Provenza
District 5, Angel Barajas

625 Court Street, Room 204 • Woodland, CA 95695
(530) 666-8195 • FAX (530) 666-8193
www.yolocounty.gov

County Administrator, Gerardo Pinedo
Sr. Deputy Clerk of the Board, Julie Dachtler
clerkoftheboard@yolocounty.gov

RESPONSE REQUIRED

September 6, 2024

RECEIVED SEP 09 2024

NOTICE OF SCHEDULED HEARING / RESPONSE TO HEARING REQUEST ON APPLICATION FOR CHANGE IN ASSESSMENT

Baird Fam Trust
c/o Property Tax Advisors
Attn: Timothy Kim
1020 Manhattan Beach Blvd #200
Manhattan Beach, CA 90266

<u>Appeal Number(s)</u>	<u>Assessment Number</u>	<u>Roll Year</u>	<u>Hearing Date and Time</u>	<u>Response Required before 5PM on</u>
23-006	064-156-001	2023	October 23, 2024 at 9 a.m.	October 2, 2024

Your Assessment Appeal has been scheduled to be heard in the Board of Supervisors' Chambers, Erwin Meier Administration Building, 625 Court Street, Room 206, Woodland, California. If you are an agent representing the applicant and have not provided the clerk with an original agent authorization, be prepared to submit an original prior to your appeal being heard by the Board at hearing.

IMPORTANT: The applicant or authorized representative must respond in writing at least twenty-one (21) days prior to your hearing date as to whether the applicant or the applicant's agent will or will not be attending the hearing, even if you are already working with the Assessor's Office. Please fill out the form and return it to the Assessment Appeals Clerk by the response date listed above. If you appear without returning the response confirming your attendance in advance, the Board has the option of hearing the matter or continuing to the next available date. Non-appearance will result in denial of the application.

It is required that the applicant or authorized agent be present at the hearing. Absent good cause, a failure to respond in a timely manner may be deemed a voluntary withdrawal of the application by the Board. Failure to appear on the date set for your hearing or to request a postponement shall be grounds for summarily denial of the application.

Please check one of the following:

- ☒ **CONFIRM.** I (or my agent) will be present for the scheduled hearing date.
- ☐ **POSTPONE.** Please postpone my appeal and reschedule a later hearing date. Please note: You are allowed *one postponement, if requested prior to 21 days before hearing (Property Tax Rule 323). Please explain your reasons for the request in detail on the reverse of this form. You are required to sign below AND sign on the reverse of this form to execute the Waiver of the 2-year statute. Contact the Assessment Appeals Board Clerk ASAP, if attempting a second postponement.*
- ☐ **WITHDRAW.** I hereby request my Application(s) for Changed Assessment on Assessments be withdrawn. I am stating that this withdrawal is not subject to an agreed reduction in assessed value with the assessor that is required to have approval by the Assessment Appeals Board. **Please read the withdrawal section on the reverse of this form. Withdrawals are final and will conclude any further action on the appeal.**

IMPORTANT: If you have information to present to the Board, bring seven (7) copies of everything you will be presenting to the hearing.

REQUIRED SIGNATURE

I certify under the penalty of perjury under the laws of the State of California, I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property – "the applicant") (2) an agent authorized by the applicant under Item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar No _____, who has been retained by the applicant and has been authorized by that person to file this application.

By:  Signature of Applicant/Agent

(Print Name)

Date: 9/11/24