



**COUNTY OF LAKE  
CLERK OF THE BOARD**

Courthouse - 255 North Forbes Street  
Lakeport, California 95453  
TELEPHONE (707) 263-2368  
FAX (707) 263-2207

March 22, 2024

Davita Inc.  
C/O DePasquale, Kelley & Company  
19200 Von Karman Avenue, Suite 1000  
Irvine, CA 92612

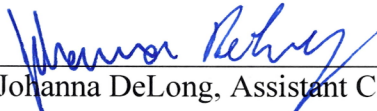
RE: NOTICE OF HEARING ON ASSESSMENT APPEAL  
APPLICATION NAME: Davita Inc.  
APPLICATION NUMBER(S): 74-2022  
ASSESSOR'S PARCEL NUMBER(S): 005-045-440-000

YOU ARE HEREBY NOTIFIED that your application for a change in assessment will be heard by the Lake County Local Board of Equalization on May 14, 2024, at 10:00 a.m. in the Board of Supervisors Chambers, County Courthouse, 255 North Forbes Street, Lakeport, CA 95453.

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 Clerk's agenda. If neither you nor your qualified representative appears, the Board must deny your application under Rule 316.

The Local Board of Equalization is required to find the full cash value of the property from the evidence presented at the hearing, and the value so found may exceed the full cash value determined by the Assessor with the result that your assessment may be raised rather than lowered. An application for a reduction in the assessment of a portion of an improved real property (e.g., land only or improvements only) or a portion of installations which are partly real property and partly personal property (e.g., only the improvement portion or only the personal property portion of machinery and equipment) may result in an increase in the unprotected assessment of the other portion or portions of the property, which increase will offset in whole or in part any reduction in the protested assessment.

It is requested that you return the enclosed letter confirming your intention to appear at the hearing at least 21 days prior to the date noted above. Your response should be received by April 23, 2024. If you have any questions, please contact the Clerk of the Local Board of Equalization.

  
Johanna DeLong, Assistant Clerk of the Board

Enclosure: Hearing Date Confirmation Notice





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**HEARING DATE CONFIRMATION NOTICE  
THIS PORTION MUST BE RETURNED**

Application No(s): 74-2022  
Assessee/Owner: Davita Inc.

Hearing Date: May 14, 2024 @10:00 A.M.  
APN(s): 005-045-440-000

**YOU MUST COMPLETE AND RETURN THIS PORTION AT LEAST  
21 DAYS PRIOR TO THE HEARING DATE**

- ☐ Yes, I (or my agent) will be present for my scheduled hearing.
- ☐ I am unable to attend on the date specified. The request must be submitted at least 21 days prior to the hearing date and accompanied by the signed extension form below. Upon receipt of the form below, the Clerk will contact you to reschedule your hearing.
- ☒ Please withdraw my appeal(s). I do not intend to appear at my scheduled hearing.

Signature: Owner **Agent**

4/23/2024  
Date

949 236-3720  
Daytime Phone Number

**IT IS IMPERATIVE THAT YOU CONFIRM YOUR INTENTION TO APPEAR. FAILURE TO APPEAR  
WITHOUT NOTICE MAY RESULT IN YOUR APPEAL BEING DENIED.**  
**(PLEASE RETURN WHOLE PAGE)**

**LAKE COUNTY  
LOCAL BOARD OF EQUALIZATION  
EXTENSION FOR TIME OF HEARING**

Application No(s): 74-2022  
Assessee/Owner: Davita Inc.

Hearing Date: May 14, 2024 @10:00 A.M.  
APN(s): 005-045-440-000

I, \_\_\_\_\_ hereby agree that, in accordance with Revenue and Taxation Code Section 1604c, the time for the hearing and determination of the above-referenced application(s) shall be extended indefinitely; provided, however, that upon written notice of my intent to terminate such extension, the two-year period in which the Local Board of Equalization is required to conduct a hearing and make a final determination on the above-referenced application(s) shall not commence to run until 120 days after delivery of such written notice on the Clerk of the Local Board of Equalization.

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Print Name of Applicant or Agent

\_\_\_\_\_  
Company/Firm Name (Agent's)

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Alternate Telephone Number

*Please return this form to:*

**LAKE COUNTY  
CLERK OF THE BOARD  
255 NORTH FORBES STREET  
LAKEPORT, CA 95453**