

HEARING DATE CONFIRMATION NOTICE

THIS PORTION MUST BE RETURNED

Application No(s): 39-2024 through 46-2024

Hearing Date: November 18, 2025 @10:00 A.M.

Assessee/Owner: Gavin McIntyre

APN(s): 001-031-080

Signature of Applicant/Agent

Alternate Telephone Number

City, State, ZIP

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 so I am unable to attend on the date specified. Thearing date and accompanied by the signed Clerk will contact you to reschedule your heart Please withdraw my appeal(s). I do not intend	The request must be submitted at least 21 days prior to the extension form below. Upon receipt of the form below, the aring.
Signature: Owner/Agent Da	10-14-25
Signature: Owner/Agent Da	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	
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Please return this form to:

Daytime Phone Number

Mailing Address

Company/Firm Name (Agent's)

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