



**COUNTY OF LAKE  
CLERK OF THE BOARD**

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



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

Application No(s): 33-2018  
Assessee/Owner: Adam and Kimberly Garcia

Hearing Date: January 12, 2021  
APN(s): 044-471-140-000

**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.

*Kimberly Garcia*  
Signature: Owner/Agent

*Dec 9, 2020*  
Date

*707-318-6996*  
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): 33-2018  
Assessee/Owner: Adam and Kimberly Garcia

Hearing Date: January 12, 2021  
APN(s): 044-471-140-000

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**