

HEARING DATE CONFIRMATION NOTICE THIS PORTION MUST BE RETURNED

Application No(s): 37-2019 & 38-2019 Hearing Date: May 18, 2021 Assessee/Owner: Safeway Inc. APN(s): 800-000-413 & 010-026-340

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

Please return this form to:

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

o Please withdraw my appeal(s). I do		heduled hearing.	
Signature: Owner Agent	4/13/21 Date	562-282-5905 (a) Daytime Phone Number	
WITHOUT NOTICE M	NFIRM YOUR INTENTION MAY RESULT IN YOUR API EASE RETURN WHOLE PA		
	LAKE COUNTY AL BOARD OF EQUALIZA ENSION FOR TIME OF HEA		
Application No(s): 37-2019 & 38-2019		Hearing Date: May 18, 2021	
Assessee/Owner: Safeway Inc.	A	APN(s): 800-000-413 & 010-026-340	
1604c, the time for the hearing and de indefinitely; provided, however, that upon period in which the Local Board of Equali	etermination of the above-reform written notice of my intenti- ization is required to conduct a not commence to run until 120 d	with Revenue and Taxation Code Section erenced application(s) shall be extended to terminate such extension, the two-year hearing and make a final determination on ays after delivery of such written notice on	
Date signed	Print Name	of Applicant or Agent	
Company/Firm Name (Agent's)	Signature o	f Applicant/Agent	
Mailing Address	City, State,	ZIP	
Daytime Phone Number	Alternate T	elephone Number	

Alternate Telephone Number

LAKE COUNTY CLERK OF THE BOARD 255 NORTH FORBES STREET

LAKEPORT, CA 95453

dea 4/27/21