

This appeal is identified as application number #11-2023 & 8-2024

**Date Received:** November 20, 2023 & November 18, 2024

**Certification Date:** November 15, 2023 & November 6, 2024

**APN's:** 035-070-076

**Applicant:**

DaVita, Inc (as Affected party)

1102 18<sup>th</sup> Ave South

Nashville, TN 37212

**Agent:** DePasquale, Kelley & Company

### **Brief History of Subject**

The applicant, operator of the DaVita Dialysis Center, has elected to withdraw the appeal as the matter has been resolved.

We respectfully request that this withdrawal be accepted.



BOE-305-CN REV. 01 (09-10)

**HEARING DATE CONFIRMATION NOTICE**

*This confirmation notice must be returned not less than 21 days prior to the indicated hearing date. Mail or fax to the Clerk of the Board at the address shown.*

HEARING DATE AND TIME: August 19, 2025 at 1:30pm	APPLICATION NUMBER(S) 11-2023 & 08-2024
HEARING LOCATION Tehama County Administration, Board of Chambers, 727 Oak Street, Red Bluff CA 96080	
PARCEL OR ASSESSMENT NUMBER(S) 035-070-076-000	APPLICANT DaVita, Inc

\* 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 AGENDA.

☒ Check one of the boxes below.

☐ I will be present on the scheduled hearing date.

Please bring 8 copies of any evidence you wish to present to the Assessment Appeals Board.

☐ I request my right to a one-time postponement of my hearing to another hearing date. To schedule your hearing for a future date, please contact the Clerk of the Board at (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

I understand that if this is not my first postponement request, I must appear at the scheduled hearing to request another postponement and give reasonable cause to the appeals board. It is the sole discretion of the board to grant or deny this request. If denied, I must be prepared to proceed with the hearing as scheduled.

If you are requesting a postponement and the date of the currently scheduled hearing is within 120 days of the expiration of the two-year limitations period set by Revenue and Taxation Code section 1604(c), the Clerk will provide you with a waiver (form BOE-305-W) to indefinitely extend and toll the period in which your appeal is to be heard and decided.

☒ I wish to withdraw my application. Withdrawals are final and will conclude any further action on the appeal. (Your attendance at the hearing is not required.)


I understand that my withdrawal may only be granted if the assessor has not provided me with a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

☐ I have signed a stipulation with the assessor's office. (Your attendance at the hearing is not required.)

In order to ensure proper scheduling of assessment appeals hearings, you must complete and return this form not less than 21 days prior to the date of your hearing. Failure to return this confirmation notice may result in your case being removed from the agenda on the scheduled date. Failure to appear at the scheduled hearing by you or an authorized representative may result in your application being abandoned and denied for lack of appearance unless you have requested a postponement.

**CERTIFICATION**

*I certify under penalty of perjury that I am the owner, or person authorized to sign on behalf of the owner, of the above referenced property.*

SIGNATURE 	DATE 5/28/2025
PRINT NAME OF AUTHORIZED SIGNER Tanner J. Bral	TITLE Consultant
COMPANY NAME DePasquale, Kelley & Company	EMAIL ADDRESS consultant@dkctax.com
FILING STATUS <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> AGENT <input type="checkbox"/> ATTORNEY <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> PERSON AFFECTED <input type="checkbox"/> CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ <input type="checkbox"/> CORPORATE OFFICER OR DESIGNATED EMPLOYEE	

BOE-305-WD REV. 02 (07-15)

**ASSESSMENT APPEAL WITHDRAWAL**

Mail or fax the completed form to the Clerk of the Board at the address shown.

**APPLICANT AND PROPERTY INFORMATION**

NAME OF APPLICANT Davita, Inc				HEARING DATE <i>if applicable</i> 8/19/25	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 19200 Von Karman Avenue, Suite 1000				EMAIL ADDRESS consultant@dkctax.com	
CITY Irvine	STATE CA	ZIP CODE 92612	DAYTIME TELEPHONE (949) 236-3720	ALTERNATE TELEPHONE ( )	FAX TELEPHONE (949) 861-6318
I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the <i>Assessment Appeal Application</i> be withdrawn.					
APPLICATION NUMBER 11-2023			PARCEL, ACCOUNT OR TAX BILL NUMBER 035-070-076-000		
APPLICATION NUMBER 08-2024			PARCEL, ACCOUNT OR TAX BILL NUMBER 035-070-076-000		
APPLICATION NUMBER			PARCEL, ACCOUNT OR TAX BILL NUMBER		

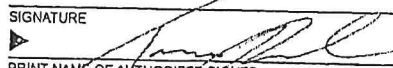
☐ ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: \_\_\_\_\_

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

**CERTIFICATION**

*I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.*

SIGNATURE 	DATE 5/28/2025
PRINT NAME OF AUTHORIZED SIGNER Tanner J. Bral	TITLE Consultant
COMPANY NAME DePasquale, Kelley & Company	EMAIL ADDRESS tbral@dkctax.com
FILING STATUS <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> AGENT <input type="checkbox"/> ATTORNEY <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> PERSON AFFECTED <input type="checkbox"/> CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ <input type="checkbox"/> CORPORATE OFFICER OR DESIGNATED EMPLOYEE	

**FOR COUNTY BOARD USE ONLY**

- ☐ The withdrawal request is accepted and will conclude any further action on the appeal.
- ☐ The withdrawal request is denied. The Assessor has delivered a notice of increase. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.
- ☐ The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

ATTEST BY COUNTY BOARD:

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
CHAIRPERSON

\_\_\_\_\_  
CLERK OF THE BOARD