

TEHAMA COUNTY BOARD OF EQUALIZATION

P. O. BOX 250

RED BLUFF, CA 96080

Phone (530)527-3287 Fax (530)527-1745

Date: August 21, 2024

Deloitte Tax LLP
695 Town Center Drive, Suite 1000
Costa mesa, CA 92626

Dear Lori Younakof:

Enclosed you will find the Hearing Confirmation Notice Form including Withdrawal Form. Please complete the form and return to this office.

You may return the hearing confirmation notice or withdrawal form to the Tehama County Board of Equalization, P. O. Box 250, Red Bluff, and CA 96080. Should you have any questions or need further information, please call this office at (530) 527-3287.

Please note you are required to appear in person as stated in the Hearing Confirmation Notice.

Sincerely,

Sean Houghtby, Clerk of the
Tehama County Board of Equalization

By



Deputy

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*		APPLICATION NUMBER(S)
November 12, 2024 at 1:30pm		33-2022 A-D
HEARING LOCATION		
Tehama County Administration, Board of Chambers, 727 Oak Street, Red Bluff CA 96080		
PARCEL OR ASSESSMENT NUMBER(S)	035-490-049-000	APPLICANT
860-000-172-000-4019, 860-000-146-000, 035-490-050-000		Waste Connections, 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 _____ 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
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

FILING STATUS

- OWNER
 AGENT
 ATTORNEY
 SPOUSE
 REGISTERED DOMESTIC PARTNER
 CHILD
 PARENT
 PERSON AFFECTED
 CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE

TEHAMA COUNTY BOARD OF EQUALIZATION

P. O. BOX 250

RED BLUFF, CA 96080

Phone (530)527-3287 Fax (530)527-1745

Date: August 21, 2024

Waste Connections, Inc
1235 North Loop W STE 205
Houston, TX 77008-4701

Dear Waste Connections Inc:

Enclosed you will find the Hearing Confirmation Notice Form including Withdrawal Form. Please complete the form and return to this office.

You may return the hearing confirmation notice or withdrawal form to the Tehama County Board of Equalization, P. O. Box 250, Red Bluff, and CA 96080. Should you have any questions or need further information, please call this office at (530) 527-3287.

Please note you are required to appear in person as stated in the Hearing Confirmation Notice.

Sincerely,

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Check one of the boxes below.

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

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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.

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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
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

FILING STATUS

- OWNER
 AGENT
 ATTORNEY
 SPOUSE
 REGISTERED DOMESTIC PARTNER
 CHILD
 PARENT
 PERSON AFFECTED
 CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE

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 Waste Connections, Inc Attn: Lori Younakof Deloitte Tax LLP					HEARING DATE <i>if applicable</i> 11/12/24
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 695 Town Center Drive, Suite 1000				EMAIL ADDRESS lyounakof@deloitte.com	
CITY Costa Mesa	STATE CA	ZIP CODE 92626	DAYTIME TELEPHONE (714) 436-7326	ALTERNATE TELEPHONE (562) 900-8641	FAX TELEPHONE ()

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER 33-2022 A	PARCEL, ACCOUNT OR TAX BILL NUMBER 860-000-172-000-4019
APPLICATION NUMBER 33-2022 B	PARCEL, ACCOUNT OR TAX BILL NUMBER 860-000-146-000
APPLICATION NUMBER 33-2022 C	PARCEL, ACCOUNT OR TAX BILL NUMBER 035-490-050-000

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
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

FILING STATUS

OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED

CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ 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

ASSESSMENT APPEAL WITHDRAWAL

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

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MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 695 Town Center Drive, Suite 1000					EMAIL ADDRESS lyounakof@deloitte.com	
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APPLICATION NUMBER 33-2022 D	PARCEL, ACCOUNT OR TAX BILL NUMBER 035-490-049-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
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DATED: _____

BY: _____
CHAIRPERSON

CLERK OF THE BOARD

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MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 1235 North Loop W STE 205					EMAIL ADDRESS	
CITY Houston	STATE TX	ZIP CODE 77008-4701	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()	

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