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): **16-2025 Through To 18-2025**
Assessee/Owner: **Andre Gueziec, AHST 173 LLC**

Hearing Date: **November 3, 2026 @ 10:00A.M.**
APN(s): **014-421-021-000, 014-002-341-000, 014-002-351-000**

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.

Signature: Owner/Agent _____ Date Sept 25 2026 Daytime Phone Number [redacted]

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): **16-2025 Through To 18-2025**
Assessee/Owner: **Andre Gueziec, AHST 173 LLC**

Hearing Date: **November 3, 2026 @ 10:00 A.M.**
APN(s): **014-421-021-000, 014-002-341-000, 014-002-351-000**

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** *OR* **Via Email to** ClerkoftheBoard@lakecountyca.gov