**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): **15-2025**
Assessee/Owner:**Charles E. Bellig Trust**

Hearing Date:**November 3, 2026 @ 10:00A.M.**
APN(s):**044-182-080-000**

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

- [x] 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 subm hearing date and accompanied by the signed extension form below. U Clerk will contact you to reschedule your hearing.
- [ ] Please withdraw my appeal(s). I do not intend to appear at my schedul

*PROTAX LLC –Debbie Opfer*
*Appeals Coordinator debbieo@protaxllc.com*
*13029 Danielson St., Ste. 200*
*Poway, CA 92064*
*(858) 679-7221 Fax: (858) 679-1563*

Debbie Opfer — 10/9/26

Signature: Owner/Agent — Date — 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)**

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## LAKE COUNTY
## LOCAL BOARD OF EQUALIZATION
## EXTENSION FOR TIME OF HEARING

Application No(s): **15-2025**
Assessee/Owner:**Charles E. Bellig Trust**

Hearing Date:**November 3, 2026 @ 10:00 A.M.**
APN(s):**044-182-080-000**

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