

**AFFIDAVIT OF LATE NOTICE**



**Clerk of the Assessment Appeals Board**  
800 South Victoria Avenue  
Ventura, CA 93009-1920  
Phone: (805) 654-2251  
Fax: (805) 677-8711  
E-Mail: aabclerk@ventura.org  
Website: www.ventura.org/cob/aab

The undersigned declares that for parcel number \_\_\_\_\_:

( ) I received the notice of assessment on \_\_\_\_\_.  
(date of notice)

OR

( ) I did not receive notice of assessment.

**AND**

( ) I received the tax bill mailed on \_\_\_\_\_.  
(date the tax bill was mailed)

OR

( ) I did not receive a tax bill.

Therefore, the undersigned hereby requests the Clerk of the Assessment Appeals Board accept for filing the attached application for changed assessment as notice was not timely received.

I \_\_\_\_\_ declare under penalty of perjury under the  
(PRINT NAME of authorized signer)

**laws of the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**