## ASSESSMENT APPEAL SUBPOENA REQUEST

To be filed when requesting that a subpoena for records or a subpoena for the presence of an individual be prepared on your behalf. Submit to the Clerk of the Assessment Appeals Board at the address shown.

Subpoenas are issued pursuant to Revenue and Taxation Code section 1609.4 and Title 18, section 322 of the California Code of Regulations.

REQUESTING PARTY NAME

## COUNTY OF ALAMEDA ASSESSMENT APPEALS BOARD

1221 Oak St., 5th Floor, Suite 536 Oakland CA 94612 Phone: 510-272-3854 Facsimile: 510-208-9660 Email: assessmentappealsboard@acgov.org

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REQUESTING PARTY ADDRESS			CITY			STATE 2	ZIP	
EQUESTING PARTY TELEPHONE FAX		E-MAIL				I		
APPEALAPPLICANT								
APPEAL APPLICATION NUMBER(S)								
HEARING DATE HEARING TIME	HEARING LOCATION							
REQUEST FOR SUBPOENA: (0	CHECK ONE OR BO	OTH)	V WH	IEN SU	IBPEONA IS COM	PLETE:	(CHECK ONE)	
				CALL FOR PICKUP				
		EMAIL SUBPEONA TO ADDRESS ABOVE						
For subpoenas for records	or documents, the	e Affidavit ir	n Support of Subpo	oena, E	B <i>OE-305-SA</i> , mus	t be coi	mpleted.	
Name(s) of individual(s) and addresses for whom the subpoena is intended								
NAME	ADDRESS			CITY	STATE	ZIP CODE		
List of documents being subpoenaed								
All associated costs (e.g., the cost Original proof of service may be a Contact the requesting party for s For further information regarding at the contact information set fort	required prior to the subpoena informatio the issuance of a su	commencer on or question	nent of the assessm ns.	nent ap	peal hearing.			
SIGNATURE				DATE	DATE			
PRINT NAME OF AUTHORIZED SIGNER				TITLE				
COMPANY NAME		EMAIL ADDRESS						
FILING STATUS						_		
							ERSON AFFECTED	
FOR CLERK OF THE ASSESSMENT APPEALS BOARD USE ONLY   SUBPOENA FILE NUMBER CLERK'S INITIALS								
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## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION