

From: [White, Susan](#) on behalf of [AAB](#)
To: [Wing, Margie](#)
Cc: "jmckibben@bos.lacounty.gov"; [Smith, Douglas](#); [Stewart, Toni](#); [Patterson, Diane](#); [Scholz, Lyn](#)
Subject: Proposed Revision to Application for Changed Assessment Form
Date: Thursday, October 02, 2014 3:01:54 PM
Importance: High

Dear Margie,

Marin County has an additional suggested change to the draft of the Assessment Appeal Application.

We would ask that the Application Number be moved to the very top of the page and the blank space for fee information under rather than above it. This will facilitate access to one or more cases in hearing folders, in stacks of multiple cases for the same Applicant, and in our files.

Our current application looks similar to this. The bottom of the application number is 3/8" from the top of the page.

APPLICATION NUMBER: _____

NON-REFUNDABLE

Processing Fee: \$50

Check or Money Order payable
to "County of Marin"

To be paid at time of filing

Thank you,
Susan



Susan White
DEPUTY CLERK

County of Marin
Assessment Appeals Board
Board of Supervisors
3501 Civic Center Drive, Suite 329
San Rafael, CA 94903
415 473 3066 T
415 473 3645 F
CRS Dial 711
SWhite@marincounty.org

Email Disclaimer: <http://www.marincounty.org/main/disclaimers>