

**HEARING DATE CONFIRMATION NOTICE**

*This confirmation notice must be returned not less than 21 days prior to the indicated hearing date. Mail or email to the Clerk of the Board at the address(s) shown to the right.*

PHONE: (559) 675-7700  
 COTB@MADERACOUNTY.COM

HEARING DATE AND TIME* APRIL 2, 2026 @ 9:00 A.M.	APPLICATION NUMBER(S) 24R023
HEARING LOCATION MADERA COUNTY GOVERNMENT CENTER, BOARD CHAMBERS, 200 W. 4TH STREET, MADERA CA 93637	
PARCEL OR ASSESSMENT NUMBER(S) 001-136-018	APPLICANT THRIFTY PAYLESS, INC.

\* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CONSIDERED AS SOON AS POSSIBLE IN THE ORDER LISTED ON THE AGENDA.

Check one of the boxes below.

I will be present on the scheduled hearing date.

Please bring 6 copies of any evidence you wish to present to the Assessment Appeals Board.

I request my right to a one-time postponement of my hearing to another date not to exceed 90 days. Referring to the meeting schedule included with the hearing notice, I wish to postpone the hearing to: May 7, 2026 or August 6, 2026 (Circle date choice) or contact the Clerk of the Board's office at COTB@maderacounty.com or (559) 675-7700 to schedule.

I understand that if this is not my first postponement request, I must appear at the scheduled hearing to request another postponement and give reasonable cause to the appeals board. It is the sole discretion of the board to grant or deny this request. If denied, I must be prepared to proceed with the hearing as scheduled.

If you are requesting a postponement and the date of the currently scheduled hearing is within 120 days of the expiration of the two-year limitations period set by Revenue and Taxation Code section 1604(c), the Clerk will provide you with a waiver (form BOE-305-W) to indefinitely extend and toll the period in which your appeal is to be heard and decided.

I wish to withdraw my application. Withdrawals are final and will conclude any further action on the appeal. (Your attendance at the hearing is not required.)

I understand that my withdrawal may only be granted if the assessor has not provided me with a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

I have signed a stipulation with the assessor's office. (Your attendance at the hearing is not required.)

**In order to ensure proper scheduling of assessment appeals hearings, you must complete and return this form not less than 21 days prior to the date of your hearing. Failure to return this confirmation notice may result in your case being removed from the agenda on the scheduled date. Failure to appear at the scheduled hearing by you or an authorized representative may result in your application being abandoned and denied for lack of appearance unless you have requested a postponement.**

**CERTIFICATION**

*I certify under penalty of perjury that I am the owner, or person authorized to sign on behalf of the owner, of the above referenced property.*

SIGNATURE 	DATE 3/2/26
PRINT NAME OF AUTHORIZED SIGNER Colin Rubin	TITLE Director
COMPANY NAME International Appraisal Company	EMAIL ADDRESS ColinR@iacinc.ca
FILING STATUS <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> ATTORNEY <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> PERSON AFFECTED <input type="checkbox"/> CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____	<input type="checkbox"/> CORPORATE OFFICER OR DESIGNATED EMPLOYEE