

**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.*

**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](mailto:assessmentappealsboard@acgov.org)

REQUESTING PARTY NAME

REQUESTING PARTY ADDRESS

CITY

STATE ZIP

REQUESTING PARTY TELEPHONE

FAX

E-MAIL

APPEAL APPLICANT

APPEAL APPLICATION NUMBER(S)

HEARING DATE

HEARING TIME

HEARING LOCATION

REQUEST FOR SUBPOENA: (CHECK ONE OR BOTH)

WHEN SUBPEONA IS COMPLETE: (CHECK ONE)

WITNESS ONLY

CALL FOR PICKUP

RECORDS OR DOCUMENTS

EMAIL SUBPEONA TO ADDRESS ABOVE

MAIL SUBPOENA TO ADDRESS ABOVE

**For subpoenas for records or documents, the Affidavit in Support of Subpoena, BOE-305-SA, must be completed.**

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 of service or payment of witness fees) are the sole responsibility of the requesting party. Original proof of service may be required prior to the commencement of the assessment appeal hearing. Contact the requesting party for subpoena information or questions.
- For further information regarding the issuance of a subpoena, please contact the Clerk of the Assessment Appeals Board at the contact information set forth above.

SIGNATURE

DATE

PRINT NAME OF AUTHORIZED SIGNER

TITLE

COMPANY NAME

EMAIL ADDRESS

FILING STATUS

OWNER  AGENT  ATTORNEY  SPOUSE  REGISTERED DOMESTIC PARTNER  CHILD  PARENT  PERSON AFFECTED

CALIFORNIA ATTORNEY STATE BAR NUMBER: \_\_\_\_\_  CORPORATE OFFICER OR DESIGNATED EMPLOYEE

**FOR CLERK OF THE ASSESSMENT APPEALS BOARD USE ONLY**

SUBPOENA FILE NUMBER

CLERK'S INITIALS

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**