



REQUEST FOR POSTPONEMENT OF HEARING

Applicant's name: _____

Applicant/Representative (please print): _____

Application for Changed Assessment No. _____

Assessor's Parcel No: _____

Scheduled Hearing Date: _____

I request postponement of the hearing on the above-referenced Application for Changed Assessment. Reason(s) for the request for postponement:

(Attach additional page(s) if needed)

Applicant/Representative Signature: _____

Please choose a hearing date by placing a check mark beside the hearing date you desire:

- _____ **Friday, January 20, 2017**
- _____ **Friday, February 24, 2017**
- _____ **Friday, March 24, 2017**
- _____ **Friday, April 14, 2017**
- _____ **Friday, May 5, 2017**
- _____ **Monday, July 17, 2017**
- _____ **Friday, July 28, 2017**
- _____ **Friday, September 15, 2017**
- _____ **Friday, October 13, 2017**
- _____ **Friday, November 17, 2017**
- _____ **Friday, December 15, 2017**

Please sign and mail form to:

**Monterey County Clerk of the Board of Supervisors
Clerk to the Assessment Appeals Board
P.O. Box 1728
Salinas, CA 93902**

Note: Form can be faxed to (831)755-5888, but original must follow in the mail.