



## 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 19, 2018**
- \_\_\_\_\_ **Friday, February 16, 2018**
- \_\_\_\_\_ **Friday, March 16, 2018**
- \_\_\_\_\_ **Friday, April 20, 2018**
- \_\_\_\_\_ **Friday, May 18, 2018**
- \_\_\_\_\_ **Friday, July 16, 2018**
- \_\_\_\_\_ **Friday, August 17, 2018**
- \_\_\_\_\_ **Friday, September 21, 2018**
- \_\_\_\_\_ **Friday, October 19, 2018**
- \_\_\_\_\_ **Friday, November 16, 2018**
- \_\_\_\_\_ **Friday, December 14, 2018**

**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.