



## 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 23, 2015**
- \_\_\_\_\_ **Friday, February 27, 2015**
- \_\_\_\_\_ **Friday, March 20, 2015**
- \_\_\_\_\_ **Friday, April 24, 2015**
- \_\_\_\_\_ **Friday, May 15, 2015**
- \_\_\_\_\_ **Monday, July 20, 2015**
- \_\_\_\_\_ **Friday, August 28, 2015**
- \_\_\_\_\_ **Friday, September 11, 2015**
- \_\_\_\_\_ **Friday, October 16, 2015**
- \_\_\_\_\_ **Friday, November 13, 2015**
- \_\_\_\_\_ **Friday, December 11, 2015**

**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.