



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 17, 2014**
- Friday, February 14, 2014**
- Friday, March 28, 2014**
- Friday, April 25, 2014**
- Friday, May 16, 2014**
- Monday, July 14, 2014**
- Friday, August 15, 2014**
- Friday, September 19, 2014**
- Friday, October 17, 2014**
- Friday, November 21, 2014**
- Friday, December 12, 2014**

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.