



REVISED 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 25, 2019**
- _____ **Friday, February 22, 2019**
- _____ **Friday, March 15, 2019**
- _____ **Friday, April 26, 2019**
- _____ **Friday, May 17, 2019**
- _____ **June - No Meeting Scheduled**
- _____ **Friday, August 16, 2019**
- _____ **Friday, September 20, 2019**
- _____ **Friday, October 18, 2019**
- _____ **Friday, November 15, 2019**
- _____ **Friday, December 13, 2019**

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.