



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, 2024**
- _____ **Friday, February 16, 2024**
- _____ **Friday, March 15, 2024**
- _____ **Friday, April 19, 2024**
- _____ **Friday, May 17, 2024**
- _____ **June - No Meeting Scheduled**
- _____ **Friday, August 16, 2024**
- _____ **Friday, September 20, 2024**
- _____ **Friday, October 18, 2024**
- _____ **Friday, November 8, 2024**
- _____ **Friday, December 6, 2024**

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 emailed to cob@co.monterey.ca.us or faxed to (831)755-5888