

CITY & COUNTY OF SAN FRANCISCO

Phone (415) 554-6778
Fax (415) 554-6775
TDD (415) 554-5227
E-Mail AAB@sfgov.org

ASSESSMENT APPEALS BOARD
City Hall, Room 405
1 Dr. Carlton B. Goodlett Place
San Francisco CA., 94102-4697

HEARING POSTPONEMENT REQUEST

APPLICATION(S) NO.:

APPLICANT NAME:

APN or ASSESSMENT NO./ADDRESS:

HEARING DATE:

REASON FOR POSTPONEMENT:

Three horizontal lines for providing the reason for postponement.

The Assessment Appeals Board must agree to this postponement in order for it to be effective. The Board considers requests for good cause but can be limited by the lack of openings in the hearing schedule. Your request will be more likely to be granted if you agree to waive the time constraints provided in the Revenue and Taxation Code. If you agree to waive the time restrictions, please execute the attached Waiver Agreement.

Check One:

Input box for 'I AGREE TO EXECUTE THE WAIVER AGREEMENT.'

I AGREE TO EXECUTE THE WAIVER AGREEMENT. The executed waiver is attached to this request.

Input box for 'I REFUSE TO EXECUTE THE WAIVER AGREEMENT.'

I REFUSE TO EXECUTE THE WAIVER AGREEMENT.

Date

Signature

Phone Number

Name of Applicant / Agent

FOR OFFICE USE ONLY

Table with columns APPROVED and DENIED, and three rows for tracking.

Assessment Appeals Board # 1 or 2

DATE:

Input box for 'No Prior Postponements'

No Prior Postponements

Input box for 'Prior Postponements'

Prior Postponements:

Date: Reason:

Date: Reason:

Date: Reason:

Date: Reason:

Dated:

By: