HEARING POSTPONEMENT REQUEST

APPLICATION(S) NO.: ________________________________

APPLICANT NAME: ____________________________________

APN or ASSESSMENT NO./ADDRESS: _______________________

HEARING DATE: ____________________________

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:

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

☐ I REFUSE TO EXECUTE THE WAIVER AGREEMENT.

__________________________  __________________________
Date  Signature

Phone Number  Name of Applicant / Agent

FOR OFFICE USE ONLY

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<th>APPROVED</th>
<th>DENIED</th>
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Assessment Appeals Board # 1 or 2

DATE: ____________________________

☐ No Prior Postponements

☐ Prior Postponements:

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Dated: ____________________

By: ________________________

April 2006