

County of Santa Cruz

CLERK OF THE ASSESSMENT APPEALS BOARD

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073 (831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

Postponement Request Form

Applicant Information: Applicant Name: Mailing Address:		Contact Phone	Contact Phone No:		
			State:		
Con all Astalon and					
Agent/Attorney Info	rmation:				
		Agency:	Agency:		
			State:	Zip:	
			Contact Phone No:		
Appeal Application	Information:				
Application No: Assessor's Parcel No		or Tax Bill No:	Tax Bill No: Scheduled Hearing Date:		
in writing, show good ca within 120 days of the e postponement is contin two-year period indefini made within 120 days of request. A stipulation by in extending and tolling extending by 120 days	days prior to the scheduled lause and are subject to Board expiration of the two-year limits gent upon the applicant agree tely. The assessor is not entitle of the expiration of the two-year an applicant and the assessor indefinitely the two-year limital written notice by the applicant I hearing date notwithstanding oter.	consideration and apation period (establishing to signing a two-yed to a postponement period, but the board shall be deemed to the period subject to any information exception.	oproval. For postponed in section 1604 year waiver, therefort as a matter of right as a matter of right, in its discretion, oconstitute good captermination of the change dates remain	nements requested c), the ore extending the ht if the request is may grant such a cause but shall result agreement in in effect based on	
that my/my client's a customary 45-day no		at a later date and			
Signed:		Date: _			
Signed: Authorized Agent		Date: _			