COUNTY OF MENDOCINO
Assessment Appeals Board

SARA PIERCE
CHIEF EXECUTIVE OFFICER
CLERK OF THE BOARD

501 Low Gap Rd. Room 1010
Ukiah, CA 95482

Email: cobsupport@mendocinocounty.gov
Website: www.mendocinocounty.gov

Office: (707) 463-4441
Fax: (707) 463-5649

APPLICATION POSTPONEMENT

Pursuant to Section Rule 323, subsection (a) of the Revenue and Taxation Code, taxpayers may request a postponement of an application from a hearing appeal date. The applicant and/or the assessor shall be allowed one postponement as a matter of right, the request for which must be made no later than 21 days before the hearing is scheduled to commence. If the applicant requests a postponement of a scheduled hearing within 120 days of the expiration of the two-year limitation period provided in section 1604, the postponement will be contingent upon the applicant agreeing to extend and toll indefinitely the two-year period. The applicant has the right to terminate the extension agreement with 120 days written notice. The assessor is not entitled to a postponement as a matter of right within 120 days of the expiration of the two-year limitation period. However, at the discretion of the Board, such a request may be granted. In addition, if the applicant or the applicant's agent is unable to attend a properly noticed hearing, the applicant or the applicant's agent may request, prior to the hearing date, a postponement of the hearing with a showing of good cause to the Board. Any information exchange dates established pursuant to Rule 305.1 remain in effect based on the originally scheduled hearing date, notwithstanding the hearing postponement, except when a hearing is postponed due to the failure of a party to respond to an exchange of information.

Should you wish to request a postponement for an Assessment Appeal hearing, please notify the Executive Office promptly by completing and returning this form to:

Mendocino County Executive Office
501 Low Gap Road, Room 1010
Ukiah, CA. 95482
Attn: Atlas Pearson, Senior Deputy Clerk of the Board

I hereby request a continuance of the following application(s) for changed assessment:
(To be completed by Applicant)

NAME: _____

ADDRESS: _____

APN/ACCOUNT NO.: _____

TAX YEAR PROTESTED: _____

TYPE OF ASSESSMENT: ☐ **REGULAR** ☐ **SUPPLEMENTAL** ☐ **OTHER:** _____

PROTEST/APPLICATION NO.: _____

DATE: _____ _____
APPLICANT'S SIGNATURE ***(Original Required)***