AAB CLERK NOTES:

HEARING CALENDAR-RELATED REQUESTS & SUBMISSIONS

When completed and submitted to the AAB Clerk [AAB@smcgov.org], this form will be processed by the Clerk in the order received in accordance with the Clerk's then-current guidelines for receipt of calendaring-related requests and submissions, which may be obtained upon request. Your request may require confirmation by your counterparty; to expedite processing please notify your counterparty with your request. Unless and until you receive written notice from the Clerk that your request has been granted (and the Clerk has received and processed any required waivers upon which approval of your request has been conditioned), or until your submission has been processed, your scheduled Hearing Date remains on calendar and you must appear and proceed as scheduled. If this is your First Postponement Request by Right, it must be received at least 21 days prior to your scheduled Hearing Date. Postponement requests will not be accepted or processed before the applicable hearing has been noticed, i.e., 45 days prior to the Hearing Date.

HEARING DATE AND TIME*		APPLICATION NUMBER(S)	
1) APPLICANT NAME ON THE APPEAL AND 2) PA	RTY SUBMITTING THIS FORM IF DIFFERENT THAN AF	PLICANT: APPLICANT AGENT/NAME, ASSESSOR'S OFFICE, REPRESI	ENTATIVE NAME/TI
PARCEL OR ASSESSMENT NUMBER(S)		HEARING TYPE: PRE-HEARING, REGULAR HEARING, SPECIAL HEARING	
		one-time postponement made at least 21 days to the Clerk at least 21 days in advance of my hea	
	stponement request. When stating rea	s this is my 21 day first postponement by right required, attach pages if needed. OBTAIN COUNTE	
Period Requested (insert # days):		
Reason:			
		days of the expiration of the two-year limitations for signature to indefinitely extend and toll said pe	
OBTAIN COUNTERPARTY'S C (RH) will be re-scheduled as changes between In-Person an deadline and/or 45 day notices in	ONCURRENCE OR PROVIDE EXPL next available in-person RH unless of d Virtual hearings and Assessor cond	type per below. When stating reason, attach pag ANATION. Changes from pre-hearing (PH) to regard therwise requested. Only APPLICANT/AGENT urrence is not required; waivers of in-person hearing of the duled on next available virtual/in-person hearing of the duled on	gular hearing may request aring, 2-year
Change Requested (e.g., PH to	RH, in-person to virtual):		
Reason:			
Keep Hearing Date:	Next Available Date:	Postpone Per Request Above:	
Once processed by the Clerk, w	ithdrawals will be taken off calendar ar	wals are final and also serve to withdraw any clain d your appeal will be permanently closed unless t ard elects to review the assessment on its own mo	the Assessor
herewith submitted to the Clerk. review, unless the parties submi Failure to appear at the schedule	Stipulation agreements require Board to a written request herewith to retain the different by the Applicant or author ou that your postponement is granted.	executed by Applicant and Assessor's office) hat approval. The appeal will be taken off calendar per hearing date with explanation of reason for Board zed representative may result in the application of a your matter is taken off calendar as stated	ending Board d review. on being
Rep Name:	Signature:	Date:	
APPLICANT CERTIFICATION: I of the owner, of the above reference		am the owner, or person authorized to sign or	n behalf of
SIGNATURE		DATE	
PRINT NAME OF AUTHORIZED SIGNER		TITLE	
COMPANY NAME		EMAIL ADDRESS	
FILING CTATUS			
FILING STATUS OWNER AGENT ATTORNEY	SPOUSE REGISTERED DOMEST	IC PARTNER CHILD PARENT PERSO	ON AFFECTED
CALIFORNIA ATTORNEY, STATE BAR N		CORPORATE OFFICER OR DESIGNATE	
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