

COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

B4 KENNETH HAHN HALL OF ADMINISTRATION / LOS ANGELES CALIFORNIA 90012 PHONE (213) 974-1471 / FAX (213) 217-4979

REQUEST FOR POSTPONEMENT OF HEARING

A request for postponement of a hearing shall be in writing and served on the clerk and all parties to the proceeding at least 21 days before the hearing is scheduled to commence. A subsequent request or late initial request must contain facts demonstrating good cause for postponement.

Date of Hearing:			_
Name of Applica	nt:		_
Name of Agent/A	Agency:		_
Application Num	ber:		_
Assessor's I.D.:	Map Book - Page - Pa	cel or Bill Number	_
The undersigned reason(s):	d requests a postponemen	t of the above hearing for the following	
Signature:			
Print Name:			
Title: (check one)	Owner	☐ Agent	
	Attorney	Spouse	
	Child	Parent	
	Person Affected	Register Domestic Partner	

AAB 107 Rev. 2/15

Print Form