



**ASSESSMENT APPEALS BOARD**  
**APPLICATION POSTPONEMENT**

MENDOCINO COUNTY  
 ASSESSMENT APPEALS BOARD  
 501 LOW GAP ROAD, ROOM 1010  
 UKIAH, CA 95482

**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

Fax To: (If faxed, the original, signed form must also be mailed)  
 (707) 463-7237

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

NAME SOUTH DORA HEALTH HOLDINGS LLC

ADDRESS C/O ENSIGN FACILITY SERVICES  
27101 PUERTA REAL STE 450  
MISSION VIEJO CA 92691

APN/ACCOUNT No./ MISSION VIEJO CA 92691

TAX YEAR PROTESTED 2016 TYPE OF ASSESSMENT:  REGULAR  SUPPLEMENTAL  
 OTHER: \_\_\_\_\_

PROTEST/APPLICATION No. 16-052

DATE: 10/20/17

[Signature]  
 APPLICANT'S SIGNATURE (Original Required)  
 ASSESSOR CLERK-RECORDING