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 _____ *PROTAX LLC -Tonya D'Heilly* _____

ADDRESS _____ *Director of Appeals, tonyad@protaxllc.com* _____
13029 Danielson St., Ste. 200
Poway, CA 92064
(858) 679-7221 Fax: (858) 679-7221

APN/ACCOUNT NO./ 169-140-16 ; 169-140-17

TAX YEAR PROTESTED 2016 TYPE OF ASSESSMENT: ☑ REGULAR ☐ SUPPLEMENTAL ☐ OTHER: _____

PROTEST/APPLICATION NO. 16-035 ; 16-034

DATE: 10/23/18

_____
APPLICANT'S SIGNATURE *(Original Required)*