

PETITION NO. _____

Value Adjustment Board Clerk
12 SE 1st Street
4th Floor, County Administration Building
Gainesville, Florida 32601

REQUEST TO RESCHEDULE HEARING

Hearing Date: _____

Contact person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email address: _____

Give "good cause" reason for reschedule request: _____

I hereby acknowledge and confirm that I am waiving my right to an additional 25 day written notice of hearing by virtue of this request for rescheduling and agree that contact by telephone, facsimile, and/or e-mail rather than by postal service shall be sufficient for such notice.

Dated _____

Signature _____

REQUESTS TO RESCHEDULE MUST BE SUBMITTED TO THE VAB CLERK VIA EMAIL AT DMW@alachuaclerk.org; FAX (352) 374-5265; MAIL OR HAND DELIVERED TO VAB, 12 SE 1st Street, County Administration Building 4th Floor, Gainesville, Florida 32601

FOR OFFICE USE ONLY

INITIAL DATE

SCANNED _____

ENTERED _____

DELIVERED TO PAO _____