

## **HEARING DATE RESCHEDULING REQUEST**

## **INSTRUCTIONS**

## **REQUESTING PARTY:**

- Fill out Section 1 of this form and send a copy by email to boardofappeals@sfgov.org.
- Send a copy, via email, to all other parties to the appeal. No action will be taken by the Board until responses from the other parties are received.

## **RESPONDING PARTY:**

Fill out Section 2 of this form and amail your response to heardefeance (@efect or a with a sect a the

requesting party.  SECTION 1			
Name(s) of Requesting Party:			
Appeal No(s):			
Subject Property Address:	·	5 1	
Phone: Email:			
Current Hearing Date:			
*Proposed New Date:			
*Please check the Board of Appeals Caler Please confirm with Board staff that there	ndar at: <u>www.sfgov.org/boa</u> and confirm upcor is space available on the proposed date.	ming Board meeting dates	
Reasons for requesting this rescheduling:	то срасо из иниже от иле ресрессии иниже		
OF OTION O	Signature	Date	
SECTION 2			
Name(s) of Responding Party:			
Phone: Email:			
Response to Rescheduling Request [check	one]:		
☐ Agree			
☐ Disagree			
☐ Alternate date proposed:			
	Ciarra atrius	- Data	
THIS AREA IS FOR BOARD USE ONLY	Signature	Date	
П			
□DISAPPROVED □APPROVED, NEW H	HEARING DATE:		
Dv.	Dat	Dato:	