APPEAL POSTPONEMENT REQUEST FORM

Date:		OTE: MUS	NO SE	CONE	POS	TPON	IEMEN	NTS!				
Property Address:												
Lot and Block number:												
Municipality:		School D	istrict:									
Date and Time of scheduled hearing:												
Reason for postponement:												
Is this your first postponement req NOTICE: You will receive notificat reschedule hearing notice informin	tion that your	hearing v	-	-						ring.		
Person(s) requesting postponement:												
Property Owner		☐ Property Owner's Representative										
☐ Municipality Representat	ive	School District Representative										
Signature(Sign after you print the fo	orm)	(Print Name)										
(Email address)			(Phone Number)									

This form can be submitted via US mail to Office of Property Assessments, 331 County Office Building, Pittsburgh, PA 15219 or via fax to 412-350-3008.