

REQUEST FOR POSTPONEMENT

Property Under Complaint										
Property Owner/Business Name					Date of Hearing					
Legal Land Description:(i.e. Lot, Bloo	ck, Plan or ATS 1/4 Sec-T	wp-Rng-Mer)							
Civic Address										
Tax Roll Number	File No	File No.								
Person Requesting Post	ponement									
Name (If the person requesting is a	company, enter the compl	lete legal nar	ne of the compa	ıny)						
Mailing Address	City/Town			Province	Postal Code					
Telephone Number (Daytime)	Alternate Telephone Nu	lumber Email Address								
Capacity to Act										
☐ Complainant☐ Agent representing Complainant	□ Other (conse	nt of Appellan	t required)	□ Resp	oondent (Mun	icipality)				
Reasons for Postponeme	ent (attach copies of sup	porting docu	mentation)							
(Attach a separate sheet if required) Note: Section 15(1) of Matters Relating To Assessment Complaints Regulation provided that the Board may only grant a postponement in exceptional circumstances.										
The Board will make their de	ecision based on the	information	on you have	provide	d on this	form unless you				
intend to attend in person. D ☐ Yes	o you wish to appea	r at the he		k to the	postpone	ment in person?				
Please indicate any date(s) y	ou are not <u>available</u>	should you	ur request be	granted	d					
Person Requesting Postponement	Siar	nature								

NB: Upon receiving this fully completed page 1, the Clerk will forward it to the other party

Protection of Privacy

The personal information you provide on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information is used to process your designation of an agent for appeals with the Subdivision and Development Appeals Board. If you have any questions about the collection and use of the personal information contact the Legislative Officer, 7th Floor 9909 Franklin Avenue, Fort McMurray AB T9H 2K4; or call 780.788.2222

To be completed by the p	oers	on NOT reque	esting	the P	ostpon	ement				
Name (If the person requesting is a	compa	any, enter the compl	lete legal	name c	of the comp	oany)				
Mailing Address			City/Town				Province	Postal Code		
Telephone Number (Daytime)	ephone Number (Daytime) Alternate Telephone Nu			mber Email Address						
Capacity to Act										
□ Appellant □ Other (conser			nt of App	ellant red	quired)	☐ Resp	pondent (Municipality)			
Do you consent to the reques	st for	postponement?								
□ Yes				□ No						
If NO, please give reasons for the refu	sal:									
						(Atta	ch a separat	e sheet if required)		
The Board will make their de	ecisio	n based on the	inform	nation	you have	e provide	d on this	form unless you		
intend to attend in person. D										
□ Yes				No						
Please indicate any date(s) y	ou ar	e not available	should	vour r	equest h	e grante	1			
r lease maleate any date(s) y	ou ai	c not available	oriodia	your r	oquost b	e grantet	4			
Posts NOT Possessi's a Posts										
Party NOT Requesting Postponement S			gnature				Date			

Protection of Privacy

The personal information you provide on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information is used to process your designation of an agent for appeals with the Subdivision and Development Appeals Board. If you have any questions about the collection and use of the personal information contact the Legislative Officer, 7th Floor 9909 Franklin Avenue, Fort McMurray AB T9H 2K4; or call 780.788.2222