



Chatham County Board of Equalization RESCHEDULE REQUEST FORM



Please print all required information

Name: _____ Representative: _____

Mailing Address: _____

Address of Property (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone: _____

PIN NUMBER (S) OF PROPERTY: _____

(Please do not leave this line blank)

I would like to RESCHEDULE my appointment

I am not available on the following dates: _____

Signature of person requesting reschedule

Email address-please print

****If your name does not appear on the appointment letter you will need to file a letter of representation when you request the reschedule****

PLEASE DO NOT ENTER ANY INFORMATION BELOW THIS LINE-OFFICE USE ONLY

Appraiser: _____

Date Received at Board of Equalization

Board#: _____ Secretary: _____

Date of Hearing: _____

Date Removed from Schedule: _____

Coordinator Verified Removal: _____

Please fax to (912) 447-4955 or mail to Board of Equalization * P. O. Box 14620 * Savannah, GA 31416

Email: boecomments@chathamcounty.org