

**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 OF PROPERTY: _____
(Please do not leave this blank.)

_____ I would like to RESCHEDULE my appointment.

I am NOT available on the following dates: _____

Signature of person requesting reschedule

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: _____

BOE Date Stamp

BD # _____ Secretary: _____

Date of hearing: _____

Date removed from schedule: _____

Coordinator verified removal: _____