



COUNTY OF LEHIGH  
Board of Assessment Appeals

**Request to Re-Schedule/Withdraw  
Assessment Appeal Hearing**

Tammi S. Bateman  
Chairperson

Donald H. Senderowitz  
Secretary

Joseph J. McDermott

Rebecca J. Price  
Solicitor

**Property Owner/  
Owner of Record:**

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**Property Address:**

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**Parcel Number &  
Municipality:**

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**Date & Time hearing was to be held (see hearing notice):** \_\_\_\_\_

Today's Date: \_\_\_\_\_

Lehigh County Board of Assessment Appeals

Please accept this request to re-schedule the above-mentioned hearing for said property,

(Reason) \_\_\_\_\_

Enclosed is a check in the amount of \$25.00, payable to "County of Lehigh" for the Hearing Re-Schedule Fee. **Please note: Request and payment must be received at least three (3) days prior to scheduled hearing date. Please note any potential conflicts for the next 90 days:**

Please accept this request to withdraw the request for an Assessment Appeal Hearing on the above-mentioned property.

Thank you for your consideration.

\_\_\_\_\_  
Property Owner (Printed)

\_\_\_\_\_  
Property Owner Signature \*

\*This form must include an original property owner signature and payment, made payable to "County of Lehigh". \*

*Lehigh County Government Center  
17 South Seventh Street, Room 517  
Allentown, Pennsylvania 18101-2401  
Phone: 610-782-3038*