

REQUEST TO ADJOURN/REOPEN A FAIR HEARING

P.O BOX 1930
ALBANY, NY 12201-1930

WRITTEN REQUESTS FOR ADJOURNMENTS SUBMITTED LESS THAN SEVEN DAYS PRIOR TO THE HEARING MAY NOT ALLOW SUFFICIENT TIME FOR PROPER PROCESSING AND WRITTEN RESPONSE SHOULD IT BE NECESSARY.

Please Print Information Clearly.

TODAY'S DATE: _____

FAIR HEARING NUMBER: _____ **CASE #:** _____

HEARING DATE AND TIME: _____

APPELLANT INFORMATION:

CASE NAME: _____ (LAST) _____ (FIRST) _____ (MI)

STREET ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: () _____ FAX #: () _____

REASON FOR REQUESTING AN ADJOURNMENT **OR** REOPENING OF A DEFAULTED FAIR HEARING:
(REQUIRED TO ESTABLISH GOOD CAUSE)

REPRESENTATIVE INFORMATION:

LEGAL GROUP: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: () _____ FAX #: () _____

PLEASE ATTACH DOCUMENTATION, IF ANY, THAT WILL SUPPORT YOUR REQUEST FOR AN ADJOURNMENT OR REOPENING OF THE FAIR HEARING.

RECEIPT OF THIS FORM MEANS ONLY THAT YOUR REQUEST FOR AN ADJOURNMENT OR REOPENING WILL BE **EVALUATED.**