# TIME EXTENSION/CONTIUANCE REQUEST

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|---|---|
| TODAY'S DATE: | CASE #: |
| OFFICER'S NAME: | HEARING DATE: (if any) |
| PROPERTY ADDRESS: | |

SEEKING A:

☐ CONTINUANCE ☐ COMPLIANCE TIME EXTENSION

AMOUNT OF TIME REQUESTING:

☐ 30 DAYS

☐ OTHER_____

☐ 45 DAYS

☐ 60 DAYS

REASON FOR REQUEST:

| | |
|---|---|
| SIGNATURE:_____ | RELATION TO PROPERTY: |
| PRINT NAME: _____ | ☐ OWNER<br>☐ CONTRACTOR<br>☐ OWNER'S REP.<br>☐ RELATIVE ☐ OTHER _____ |
| PHONE: _____ | |
| E-MAIL: _____ | |