



**MICHELLE R. MILLER**  
CLERK OF THE CIRCUIT COURT & COMPTROLLER  
ST. LUCIE COUNTY, FLORIDA

XCNWG'CF LWUVO GP V'DQCTF  
201 South Indian River Drive, 4th floor, Fort Pierce, FL  
34950 772-462-1429

## REQUEST TO RE-SCHEDULE HEARING

PETITIONER'S NAME: \_\_\_\_\_ PETITIONER NO: \_\_\_\_\_

**SCHEDULED HEARING: DAY/DATE:** \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_

Type of Hearing: Exemption \_\_\_\_\_ Classification \_\_\_\_\_ TPP \_\_\_\_\_ Value \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Give reason for re-scheduled request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby knowledge and confirm that I am waiving my right to an additional twenty-five (25) day written notice of hearing by virtue of this request for re-scheduling and agree that contact by telephone, facsimile and/or e-mail rather than by postal service shall be sufficient for such notice.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature

**This section for VAB Office use only:**

Scheduled Hearing date: \_\_\_\_\_ Cancel Date: \_\_\_\_\_

Re-Scheduled: \_\_\_\_\_ By: \_\_\_\_\_