



Harris County Appraisal Review Board Agent Request To Reschedule Hearing

Part I – Agent Information

Firm Name:	
HCAD Agent #:	<input type="checkbox"/> In-House Representative
Requestor Name:	
Email Address:	Phone Number:

Part II – Request (check applicable boxes)

<input type="checkbox"/> Formal Hearing	<input type="checkbox"/> Informal Meeting	<input type="checkbox"/> Work Ahead	<input type="checkbox"/> Postpone
Available Dates:			

Part III – Docket/Account & Date Involved

	Current Schedule Date	Hearing Center Code
<input type="checkbox"/> Docket / Set #		
<input type="checkbox"/> Single Acct #		

Part IV – Grounds

<input type="checkbox"/> Binding Conflict – Section 41.45(g) **
Other CAD Name _____
Notice Date _____
Postmark Date _____
** You MUST attach copies of the notice of ARB hearing and postmarked envelope from the other appraisal review board. This is a statutory requirement. Failure to so will result in the rejection of your request.
<input type="checkbox"/> Other – Section 41.45(e) Good Cause Request

Email this form, once completed, and all supporting documents to arb-rescheduleagent@hcad.org