CITY OF OAKLAND



P.O. BOX 70243, OAKLAND, CA 94612-2043 Community and Economic Development Agency Rent Adjustment Program

(510) 238-3721 FAX (510) 238-6181 TDD (510) 238-3254

REQUEST TO CHANGE DATE OF PROCEEDING

IMPORTANT INFORMATION: A request for a change of the date of hearing or mediation must be submitted on this form as early as possible. You must sign this request. **Documentation verifying the reason for the request must be attached to this form.** A postponement may only be granted for good cause shown and in the interests of justice. The agreement of the parties to a postponement is not good cause, by itself. Only one postponement may be granted to a party unless the party shows extraordinary circumstances. The maximum postponement granted is usually 20 days. **Before submitting this request,** you **must** try to reach an agreement with the other party(ies) for a new date for the proceeding. If you provide two alternate hearing dates, the hearing will be set on one of the agreed dates, if the date is available on the hearing calendar. If it is not available, another date will be chosen.

Case Number(s):	Date of Scheduled Hearing/Mediation:
Lead Case Title:	
Name of Party Requesting Postponement:	
Contact Telephone Number:	FAX Number (not required):
I request postponement of the heari [If you nee	ing stated above because: ed more space, attach additional sheets.]
☐ The parties agree that the hearing a	may be postponed to
(Agreed dates will	may be postponed to or I be honored by the Rent Adjustment Program if) OR
☐ I contacted the opposing party(ies)	and we were unable to agree on a date for the re-scheduled hearing.
I declare under penalty of perjury pur provided in support of this request is t	suant to the laws of the State of California that the information true and correct.
Date:	
	(Signature)

THE HEARING DATE IS NOT CHANGED UNLESS THIS REQUEST IS GRANTED IN WRITING.