

# CHEROKEE COUNTY BOARD OF EQUALIZATION RESCHEDULE HEARING FORM

If you wish to request a one-time reschedule for your scheduled hearing appointment with the BOE, please fill out the form below. Such requests should be made no less than five (5) business days prior to the hearing day. Please keep in mind, if you choose to reschedule the date of your hearing, a new date may not be immediately provided to you. You will be notified of the new date and time of your hearing when one becomes available.

**MAIL** this form to:

CHEROKEE COUNTY BOE  
90 NORTH STREET  
SUITE G170  
CANTON, GA 30114

OR

**EMAIL** this form to:

[boecomments@cherokeega.com](mailto:boecomments@cherokeega.com)

\_\_\_\_\_  
BOE Case Number

\_\_\_\_\_  
Map and Parcel ID Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Original BOE Hearing Date

\_\_\_\_\_  
Original BOE Hearing Time

\_\_\_\_\_  
Requested BOE Hearing Date

\_\_\_\_\_  
9 AM or 1:30 PM  
Requested BOE Hearing Time

I would like to RESCHEDULE my appointment with the Board of Equalization. I understand that the new date and time may not be the same as requested on this form and will be provided to me when made available. I will be contacted via phone, email or mail with the new scheduled appointment. I understand that with the exception of a genuine emergency, this is the only time I am permitted to reschedule.

\_\_\_\_\_  
Signature of Person Requesting Reschedule

Print Name \_\_\_\_\_