

REQUEST FOR EXTENSION / APPEAL NOTICE

DATE:	
ACCOUNT #:	
CUSTOMER NAME:	
CUSTOMER ADDRESS:	
PHONE NUMBER:	
PLEASE SPECIFY REQUEST DATE:	, 20
PLEASE SPECIFY AMOUNT: \$	
PRINT NAME	
SIGNATURE	
For Office Use Only:	
APPROVED	
DENIED	
<u>—</u>	
SIGNATURE OF AUTHORIZED OFFICIAL	