



**REQUEST TO RESCHEDULE A HEARING**

Community & Economic Development Department  
8930 N Government Way Hayden, ID 83835  
[www.cityofhaydenid.us](http://www.cityofhaydenid.us) (208) 209-2022

To be completed by city staff:  
Tracking #:  
Date submitted:  
Received by:

**APPLICATION NAME/ CASE #:** \_\_\_\_\_

Original Hearing Date: \_\_\_\_\_ Requested Hearing Date: \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please attach a narrative describing the reason for requesting a reschedule, as well as any differences between the original application request and this submission.**

**Base Fee + any additional fees, charges, engineering pass through costs, legal advertising and postage is the responsibility of the applicant.  
Application fees are in accordance with the current City Council adopted fee schedule.**

**CERTIFICATIONS:**

*I understand that application fees are in accordance with the current City Council adopted fee schedule and that all additional fees, charges, pass-through engineering costs, legal advertising and postage are the sole responsibility of the applicant and the base fee payment is required at the time of Re-Scheduling Request. I further understand that there is no guarantee that the application will be heard on the requested date, and scheduling is based upon public notice requirements and agenda availability. All the information, statements, attachments and exhibits transmitted herewith are true to the best of my knowledge.*

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

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**To be completed by city staff:**

Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Tentative Hearing Date: \_\_\_\_\_

*The City of Hayden provides services to its citizens without regard to race, religion, color, sex, age, national origin or disability.*