ASSESSMENT APPEAL WITHDRAWAL

 $\mbox{\it Mail}\,$ or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

AF	PLIC	ANI AND PRO	JPER	CI I INFORMA	IION		
NAME OF APPLICANT							HEARING DATE if applicable
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)						EMAIL ADDRESS	1
CITY	STATE	ZIP CODE	DAYT	IME TELEPHONE	ALTERN.	ATE TELEPHONE	FAX TELEPHONE ()
I no longer wish to pursue an assessme that the Assessment Appeal Application			perty	, or properties,	indicate	ed below and	hereby request
APPLICATION NUMBER				PARCEL, ACCOUNT OR TAX BILL NUMBER			
APPLICATION NUMBER				PARCEL, ACCOUNT OR TAX BILL NUMBER			
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER						
ADDITIONAL AFFECTED APPLICAT	IONS	ARE LISTED ON	ATTA	CHMENT. NUME	BER OF F	AGES ATTACH	ED:
this request, unless the Assessor has the assessed value of the property. At the Assessor and applicant may have a Withdrawals are final and will conclude a	dditio greed	nally, the coun I to withdraw th	the a	oard can decid peal. appeal. No cor	de to re	view an asse	ssment even though
I certify that I am authorized to tra		t all business Assessment		_	_	, including th	is withdrawal of
SIGNATURE					DATE		
PRINT NAME OF AUTHORIZED SIGNER					TITLE		
COMPANY NAME		EMAIL ADDRESS					
FILING STATUS OWNER AGENT ATTORNEY SPO	IIQE	DECISTEDED	DOME	STIC PARTNER	CHILD	PARENT	☐ PERSON AFFECTED
CALIFORNIA ATTORNEY, STATE BAR NUMBER:	03L	KEGISTEKED	DOIVIL	5110 FARTINER			R DESIGNATED EMPLOYEE
	F	OR COUNTY B	OAF	RD USE ONLY			
The withdrawal request is accepted and	will c	onclude any furth	ner ac	tion on the appe	al.		
The withdrawal request is denied. The A will be notified of the date no less than 4					Your app	eal will be set for	or hearing, in which you
The withdrawal request is denied by the proceed with an assessment review to compare the compare th							ard has the authority to
ATTEST BY COUNTY BOARD:							
DATED:							
BY:CHAIRPERSON	CLERK OF THE BOARD						