## ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

## **APPLICANT AND PROPERTY INFORMATION**

NAME OF APPLICANT						HEARING DATE if applicable
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)						1
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERN	ATE TELEPHONE	FAX TELEPHONE

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

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 APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED:

An Assessment Appeal Application may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

## CERTIFICATION

## I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.

SIGNATURE	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS
FILING STATUS	
OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER	CHILD PARENT PERSON AFFECTED
CALIFORNIA ATTORNEY, STATE BAR NUMBER:	CORPORATE OFFICER OR DESIGNATED EMPLOYEE
FOR COUNTY BOARD USE ON	LY
The withdrawal request is accepted and will conclude any further action on the ap	ppeal.
The withdrawal request is denied. The Assessor has delivered a notice of increas will be notified of the date no less than 45 days prior to the hearing date.	e. Your appeal will be set for hearing, in which you
The withdrawal request is denied by the appeals board. In accordance with sect proceed with an assessment review to determine the full value of the property or	
ATTEST BY COUNTY BOARD:	
DATED:	
BY:	
CHAIRPERSON	CLERK OF THE BOARD