



REQUEST TO WITHDRAW ASSESSMENT APPEAL(S)

APPLICANT INFORMATION		
Applicant Name :	_____	
Mailing Address:	_____	City: _____ Zip: _____
Contact Phone No:	_____	

AGENT INFORMATION (IF APPLICABLE)		
Agency Name:	_____	
Agent Last Name:	_____	First Name: _____
Mailing Address:	_____	City: _____ Zip: _____
Contact Phone No:	_____	

APPEAL(S) INFORMATION (attach additional sheet if needed)	
Appeal Number:	_____
Assessor Parcel Number (APN):	_____
Appeal Number:	_____
Assessor Parcel Number (APN):	_____
Appeal Number:	_____
Assessor Parcel Number (APN):	_____
Appeal Number:	_____
Assessor Parcel Number (APN):	_____
Appeal Number:	_____
Assessor Parcel Number (APN):	_____

I request that the appeal(s) indicated above be withdrawn. Applicant Agent

Signature

Please Print Name

Date Signed

Please fax or mail completed/signed form to the number or address listed above. Thank you.