



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: _____		
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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☐ I request that the appeal(s) indicated above be withdrawn.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.