



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I request that the appeal(s) indicated above be withdrawn.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