



CLERK OF THE ASSESSMENT APPEAL BOARD

Board of Supervisors
Administrative Center
2 S. Green Street
Sonora, CA 95370
Telephone: (209) 533-5521

ASSESSMENT APPEALS WITHDRAWAL FORM

Date: _____

Hearing Date: _____

Applicant's Name _____

Agent's Name: _____

Mailing Address: _____

Telephone No.: () _____ - _____

Fax No.:() _____ - _____

One of the boxes below must be checked:

- G As the Applicant, I am requesting that the Application Number(s) listed below be withdrawn and terminate this matter.
- G As a duly authorized Agent\Attorney for the Applicant named below, I am requesting that the Application Number(s) and Parcel\Bill\Assessment Number(s) listed below be withdrawn and terminate this matter.
- G As the authorized employee\Corporate Officer, _____ (Title) I am requesting that the Application Number(s) and Parcel\Bill\Assessment Number(s) listed below be withdrawn and terminate this matter.

Application Number _____

Parcel\Bill\Assessment Number _____

Application Number _____

Parcel\Bill\Assessment Number _____

Application Number _____

Parcel\Bill\Assessment Number _____

Application Number _____

Parcel\Bill\Assessment Number _____

G Additional affected applications numbers are listed on attachment. Number of pages attached: _____

Signature of Owner

Print Name

Signature of Agent\Attorney\Authorized Employee\Corporate Officer

Print Name