



Clerk of the Assessment Appeals Board

Calendaring/Judicial Support Services
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Robin Stieler
Clerk of the Board

Irene Muro
Assessment Appeals Division Manager

ASSESSMENT APPEALS WITHDRAWAL FORM

Date: _____

Hearing Date: _____

Applicant's Name: _____

Agent's Name: _____

Mailing address: _____

Telephone Number: _____ Fax Number: _____

One of the boxes below must be checked:

- As the Applicant, I am requesting that the Application Number(s) listed below be withdrawn and terminate this matter.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named above, I am requesting that the Application Number(s) and Parcel/bill/Assessment Number(s) listed below be withdrawn and terminate this matter.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Officer, _____ (Title) I am requesting that the Application Number(s) and Parcel/Bill/Assessment Number(s) listed be withdrawn and terminate this matter.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

- 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