



# Clerk of the Assessment Appeals Board

Calendaring/Judicial Support Services  
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**Robin Stielor**  
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- As the Applicant, I am requesting that the Application Number(s) listed below be withdrawn and terminate this matter.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named above, I am requesting that the Application Number(s) and Parcel/bill/Assessment Number(s) listed below be withdrawn and terminate this matter.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\_\_\_\_\_ (Title) I am requesting that the Application Number(s) and Parcel/Bill/Assessment Number(s) listed be withdrawn and terminate this matter.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*