



**STANISLAUS COUNTY
ASSESSMENT APPEALS BOARD**

1010 Tenth Street, Suite 6700
Modesto, CA 95354
(209) 525-6414, Fax (209) 525-4420

ASSESSMENT APPEALS WITHDRAWAL FORM

Applicant's Name:

Hearing Date (if applicable):

Agent's Name:

Telephone Number:

Check one box below:

As the applicant, I am requesting that the Application Number(s) listed below be withdrawn.

As the duly authorized Agent/Attorney for the Applicant named above, I am requesting that the Application Number(s) listed below be withdrawn.

As the authorized employee/Corporate Officer, I am requesting that the Application Number(s) listed below be withdrawn.

| | |
|---------------------|-------------------------------|
| Application Number: | Parcel/Assessment/Fee Number: |
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| Application Number: | Parcel/Assessment/Fee Number: |
| Application Number: | Parcel/Assessment/Fee Number: |

Additional affected applications are listed on attachment.

Dated: _____

BY: _____

Print Name

Title