



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: _____

Agent's Name: _____

Hearing Date (if applicable): _____

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- As the applicant, I am requesting that the Application Number(s) listed below be withdrawn.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authorized Agent/Attorney for the Applicant named above, I am requesting that the Application Number(s) listed below be withdrawn
- As the authorized employee/Corporate Officer, I am requesting that the Application Number(s) listed below be withdrawn.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 No.:		Parcel/Assessment/Fee No.:	
Application No.:		Parcel/Assessment/Fee No.:	
Application No.:		Parcel/Assessment/Fee No.:	
Application No.:		Parcel/Assessment/Fee No.:	
Application No.:		Parcel/Assessment/Fee No.:	

Additional affected applications are listed on attachment.

By: _____ Date: _____

Signature

Print Name

Title