



**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- As the applicant, I am requesting that the Application Number(s) listed below be withdrawn.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authorized Agent/Attorney for the Applicant named above, I am requesting that the Application Number(s) listed below be withdrawn
- As the authorized employee/Corporate Officer, I am requesting that the Application Number(s) listed below be withdrawn.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*