



WITHDRAWAL REQUEST

Assessment Appeals Board
c/o Clerk of the Board of Supervisors
P. O. Box 1728
Salinas, CA 93902
831-755-5066
831-755-5888 (Fax)

I hereby withdraw my “Application(s) for Changed Assessment.”

Applicant: _____
Print Name

Application No. _____ (e.g. 10-100)

Assessor’s Parcel # (APN)/Tax Bill No. _____

Property Location: _____

Hearing Date: _____

Representative: _____
Print Name

Applicant or Representative: _____
Signature