



# REQUEST FOR WITHDRAWAL OF ASSESSMENT APPEAL APPLICATION

NAME OF APPLICANT					HEARING DATE <i>if applicable</i>
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ( )	ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( )

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

## CERTIFICATION

***I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.***

SIGNATURE	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

FILING STATUS

OWNER    AGENT    ATTORNEY    SPOUSE    REGISTERED DOMESTIC PARTNER    CHILD    PARENT    PERSON AFFECTED

CALIFORNIA ATTORNEY, STATE BAR NUMBER: \_\_\_\_\_    CORPORATE OFFICER OR DESIGNATED EMPLOYEE

## PLEASE SUBMIT COMPLETED FORM BY MAIL OR EMAIL TO:

**Mail:** Shasta County Clerk of the Board  
1450 Court Street, Suite 308B  
Redding, CA 96001

**Email:** [clerkoftheboard@co.shasta.ca.us](mailto:clerkoftheboard@co.shasta.ca.us)