



ASSESSMENT APPEALS BOARD

Yuba County Government Center
915 Eighth Street, Suite 109
Marysville, CA 95901
(530) 749-7510 FAX (530) 749-7353

WITHDRAWAL OF APPLICATION FOR CHANGED ASSESSMENT

Date: _____

Hearing Date (if applicable): _____

Applicant's Name: _____

Fax Number: _____

Agent's Name: _____

Telephone Number: _____

Mailing Address: _____

One of the boxes below must be checked:

- As the Applicant, I am requesting that the Application Number(s) listed below be withdrawn and terminate this matter.
- As the duly authorized Agent/Attorney for the Applicant named above, I am requesting that the Application Number(s) and Parcel/bill/Assessment Number(s) listed below be withdrawn and terminate this matter.
- As the authorized employee/Corporate Officer, (Title) _____ I am requesting that the Application Number(s) and Parcel/Bill/Assessment Number(s) listed be withdrawn and terminate this matter.

Please provide Application Number/Sequence of Numbers or Parcel/Bill/Assessment Number to be withdrawn:

Application Number: _____
 Application Number: _____
 Application Number: _____
 Application Number: _____
 Application Number: _____
 Application Number: _____

Parcel/Bill/Assessment Number: _____
 Parcel/Bill/Assessment Number: _____
 Parcel/Bill/Assessment Number: _____
 Parcel/Bill/Assessment Number: _____
 Parcel/Bill/Assessment Number: _____
 Parcel/Bill/Assessment Number: _____

Additional affected applications numbers are listed on attachment. Number of pages attached: _____

Signature of Owner

Print Name

Signature of Agent/Attorney/Authorized Employee/Corporate Officer

Print Name

Below For Office Use Only. Date: _____

- Withdrawal accepted by Clerk. No further action to be taken. No hearing before AAB. Copy provided to applicant
- Withdrawal accepted by Assessment Appeals Board. No further action taken. Applicant notified.