



Clerk of the Assessment Appeals Board

2800 W. Burrel Avenue

Visalia, CA 93291

(559) 636-5000 ** FAX (559) 733-6898

Michael C. Spata
County Administrative Officer/
Clerk of the Board

Michelle Baldwin
Chief Clerk

WITHDRAWAL FORM

Date: _____ Hearing Date: _____

Applicant's Name: _____

Agent's Name: _____

Mailing address: _____

One of the boxes below must be checked:

- As the Applicant, I am requesting that the Application Number listed below be withdrawn and terminate this matter.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named above, I am requesting that the Application Number(s) and Parcel/Bill/Assessment Number(s) listed below be withdrawn and terminate this matter.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_____, _____(Title) I am requesting that the Application Number(s) and Parcel/Bill/Assessment Number(s) listed below be withdrawn and terminate this matter.

Application 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