

# ALAMEDA COUNTY ASSESSMENT APPEALS BOARD

## WITHDRAWAL OF APPLICATION FOR CHANGED ASSESSMENT

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Assessment Appeals Board:

I \_\_\_\_\_, wish to withdraw my Application for Changed Assessment (Appeal No. \_\_\_\_\_) in its entirety.

\_\_\_\_\_  
Applicant or Agent Signature

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check if additional information is attached.

**FAX TO: (510) 208-9660**

or

**MAIL TO:**

**Assessment Appeals Board**

**1221 Oak Street, Suite 536**

**Oakland, CA 94612**

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