

# ALAMEDA COUNTY ASSESSMENT APPEALS BOARD

## WITHDRAWAL OF ASSESSMENT APPEAL APPLICATION

**Applicant Name:**

Address:

City, State ZIP:

**Address of Property if different than above:**

City, State ZIP:

Parcel No.:

Appeal Year:

**Assessment Appeals Board:**

I, \_\_\_\_\_, wish to withdraw my Assessment Appeal Application  
(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**