COUNTY OF YOLO

Board of Supervisors

625 Court Street, Room 204 ▪ Woodland, CA 95695
(530) 666-8195 ▪ FAX (530) 666-8193
www.yolocounty.**gov**

County Administrator, **Michael Webb**
Sr. Deputy Clerk of the Board, **Julie Dachtler**
Email: clerkoftheboard@yolocounty.gov

ASSESSMENT APPEALS WITHDRAWAL FORM

Applicant's Name: _____ Hearing Date (if applicable): _____

Agent's Name: _____ Telephone Number: _____

Check one box below:

☐ As the applicant, I am requesting that the Application Number(s) below be withdrawn.

☐ As the duly authorized agent/Attorney for the Applicant named above, I am requesting that the Application Number(s) listed below be withdrawn.

☐ As the Authorized employee/Corporate Officer, I am requesting that the Application Number(s) listed below be withdrawn.

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

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on the property, or properties, indicated below and hereby request that the *Application for Changed Assessment* be withdrawn.

Application Number:	Assessor's Parcel Number:
Application Number:	Assessor's Parcel Number:
Application Number:	Assessor's Parcel Number:
Application Number:	Assessor's Parcel Number:
Application Number:	Assessor's Parcel Number:

☐ Additional affected applications are listed on attachment

BY: _____
Signature

_____
Print Name

_____ Dated: _____
Title