BOE-305-WD REV. 02 (07-15)

## **ASSESSMENT APPEAL WITHDRAWAL**

Mail or fax the completed form to the Clerk of the Board at the address shown.



Assessment Appeals Board P.O. Box 237 Bridgeport, CA 93517-0715

Telephone: 760-932-5530 Fax: 760-932-5531

Email: sdedman@mono.ca.gov

## APPLICANT AND PROPERTY INFORMATION

AF	PLIC	ANI AND PRO	PERTITINFORM	AHON		
NAME OF APPLICANT						HEARING DATE if applicable
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERN.	ATE TELEPHONE	FAX TELEPHONE
I no longer wish to pursue an assessment that the Assessment Appeal Application			perty, or propertie	s, indicate	ed below and	hereby request
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER				
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER				
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER				
ADDITIONAL AFFECTED APPLICAT	IONS	ARE LISTED ON	ATTACHMENT. NUN	MBER OF F	PAGES ATTACHI	ED:
this request, unless the Assessor has go the assessed value of the property. Ac the Assessor and applicant may have ag Withdrawals are final and will conclude a	dditio greed any fu	nally, the cound to withdraw the urther action on CERTIF	ty Board can dede appeal.  the appeal. No control  ICATION	cide to re	view an asse withdrawals w	ssment even though
I certify that I am authorized to trai			relating to the abo Appeal Application	_	, including th	is withdrawal of
SIGNATURE				DATE		
PRINT NAME OF AUTHORIZED SIGNER				TITLE		
COMPANY NAME		EMAIL ADDRESS				
FILING STATUS	ICE					
OWNER AGENT ATTORNEY SPOU	JSE	REGISTERED	DOMESTIC PARTNER	☐ CHILD	PARENT  PRATE OFFICER OFFICER OFFICER	PERSON AFFECTED  R DESIGNATED EMPLOYEE
	F	OR COUNTY B	OARD USE ONL			
☐ The withdrawal request is accepted and	will c	onclude any furth	er action on the app	peal.		
The withdrawal request is denied. The A will be notified of the date no less than 4				. Your app	eal will be set fo	or hearing, in which you
The withdrawal request is denied by the proceed with an assessment review to d						ard has the authority to
ATTEST BY COUNTY BOARD:						
DATED:						
BY:CHAIRPERSON					CLERK OF	THE BOARD