

ASSESSMENT APPEAL WITHDRAWAL

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



RETURN ORIGINAL COMPLETED APPLICATION TO:

**COUNTY OF IMPERIAL
CLERK OF THE BOARD OF SUPERVISORS
ATTN: Blanca Acosta
Clerk of the Board
940 West Main Street, Suite 209
El Centro, CA. 92243
Ph: 442-265-1020**

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT					HEARING DATE <i>if applicable</i>	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)					E-MAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()	

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on the property, or properties, indicated below and hereby request that the *Application for Changed Assessment* be withdrawn.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	PARCEL, ACCOUNT OR TAX BILL NUMBER
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ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: _____

An *Application for Changed Assessment* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

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

CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Application for Changed Assessment.

SIGNATURE 			DATE
NAME OF AUTHORIZED SIGNER	TITLE	COMPANY NAME	

FILING STATUS

OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED

CALIFORNIA ATTORNEY STATE BAR NUMBER: _____ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION