



# COUNTY OF SACRAMENTO

ASSESSMENT APPEALS BOARD  
COUNTY ADMINISTRATION CENTER  
700 H STREET, SUITE 2450, SACRAMENTO, CALIFORNIA 95814  
PHONE (916) 874-8174 FAX (916) 874-7593

Applicant's Name:

## Withdrawal of Application for Changed Assessment

Check one of the following:

- As the Applicant or a Corporate Officer, I am requesting that the Application for Changed Assessment(s) listed below be withdrawn.
- As the duly authorized Agent/Attorney for the Applicant named above, I am requesting that the Application for Changed Assessment(s) listed below be withdrawn.

Application Number(s)	Parcel Number(s)

_____ Signature of Applicant/Agent	_____ Print Name	
_____ Print Title	_____ Print Agent/Attorney's Firm Name	
_____ Date Signed	_____ Daytime Phone #	_____ Fax #

**THIS DOCUMENT MUST BE SIGNED AND MAILED TO THE  
ASSESSMENT APPEALS BOARD IN ORDER TO CLOSE YOUR APPEAL**