



AMADOR COUNTY

Board of Equalization

810 Court Street
Jackson, CA 95642
(209) 223-6470 * (209) 257-0619

Patrick Crew
Richard M. Forster
Jeff Brown
Frank U. Axe
Brian Oneto

County Administrative Officer, **Charles T. Iley**

County Counsel, **Gregory Gillott**
Clerk of the Board, **Jennifer Burns**

ASSESSMENT APPEALS WITHDRAWAL FORM

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

Agent's Name: _____ Telephone Number: _____

Check one box below:

<input type="checkbox"/>	As the applicant, I am requesting that the application number(s) below be withdrawn.
<input type="checkbox"/>	As the duly authorized agent/attorney for the applicant named above, I am requesting that the application number(s) listed below be withdrawn.
<input type="checkbox"/>	As the authorized employee/corporate officer, I am requesting that the application number(s) listed below be withdrawn.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:
Application Number:	Assessor's Parcel Number:

Additional affected applications are listed on attachment.

BY: _____

Signature

Print Name

Title

Dated: _____