



REQUEST FOR WITHDRAWAL
OF
ASSESSMENT APPEAL APPLICATION

I hereby request my Assessment Appeal Application(s) on Assessor's Parcel / Account No(s) listed below be withdrawn:

Application Number(s)

Parcel/Account Number(s)

Signature of Applicant / Agent

Date Signed

PLEASE SUBMIT COMPLETED FORM BY MAIL OR FAX TO:

Sutter County Clerk of the Board
1160 Civic Center Blvd., Suite A
Yuba City, CA 95993

OR

Fax Number: 530/822-7103