

**COUNTY OF SIERRA
STATE OF CALIFORNIA**



WITHDRAWAL/CANCELATION OF ASSESSMENT APPEAL

If you wish to withdraw (cancel) the appeal, please complete the information below, sign, date and return to:

Clerk to the Assessment Appeals Board
Clerk to the Board's Office
100 Courthouse Square, Room 11
PO Drawer D
Downieville, CA 95936

FAX: (530) 289-2830
(If faxed, must follow up with original in mail.)

Please accept this as my authorization to withdraw my application(s) as follows:

Assessor's Parcel Number (APN): _____

Application Number(s): _____

Name of Applicant: _____

Hearing Date (if applicable): _____

Signature: _____

Date: _____