



County of Santa Cruz

CLERK OF THE ASSESSMENT APPEALS BOARD

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

Withdrawal Request Form

Applicant Information:

Applicant Name: _____ Contact Phone No. _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____

Agent/Attorney Information:

Agent/Attorney Name: _____ Agency/Firm: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____ Phone No. _____

Appeal Application Information:

| Application No: | Assessor's Parcel or Account No. | Scheduled Hearing Date |
|-----------------|----------------------------------|------------------------|
| | | |

Certification:

I hereby request a withdrawal of my Application(s) for Changed Assessment.

Signed: _____ Date: _____

Applicant

Signed: _____ Date: _____

Authorized Agent

Note: Pursuant to Chapter 3: "Application Process" of the California Assessment Appeals Manual, applicants can generally withdraw an application at any time prior to a hearing. However, in some instances withdrawal requests may be denied. If an applicant has designated their application as a claim for refund, withdrawal of the appeal will also constitute withdrawal of the claim for refund. For any questions, please contact the Clerk of the Assessment Appeals Board by phone at (831) 454-2323 or via email at AssessmentAppeals@santacruzcounty.us.