

# County of Santa Clara

Office of the Clerk of the Board of Supervisors  
Assessment Appeals Board  
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## WITHDRAWAL OF APPEAL FORM

APN/ACCT #: \_\_\_\_\_

APPLICANT'S APPEAL #: \_\_\_\_\_

Please use this form to indicate the appeal to be withdrawn. If withdrawing only a portion of an appeal, please indicate which portion is to be withdrawn and which portion should remain open.

Appeal to be withdrawn in its entirety:  Yes  No

If No:

Portion of Appeal to be withdrawn: \_\_\_\_\_

Portion of Appeal # to remain valid: \_\_\_\_\_

Brief explanation (optional): \_\_\_\_\_

***PLEASE NOTE: Pursuant to Local Rule 305-1(i)(4), once an application is withdrawn, it cannot be reinstated unless the request is made within the original filing period.***

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Applicant/Authorized Agent)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Email Address

To: Clerk of the Assessment Appeals Board  
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