BOE-305-WD REV. 02 (07-15)

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

Please return to:

County Executive Office Attn: Assessment Appeals Board Clerk 1055 Monterey St Ste D430 San Luis Obispo, CA 93408

email: AD_AAB@co.slo.ca.us

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT						HEARING DATE if applicable	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)					EMAIL ADDRESS		
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNA (TELEPHONE	FAX TELEPHONE ()	
I no longer wish to pursue an assessment that the Assessment Appeal Application			property, or propertie	s, indicate	ed below and	hereby request	
APPLICATION NUMBER Pr				PARCEL, ACCOUNT OR TAX BILL NUMBER			
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER					
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER					
ADDITIONAL AFFECTED APPLICA	TIONS	ARE LISTED	ON ATTACHMENT. NUM	MBER OF P	AGES ATTACH	ED:	
An Assessment Appeal Application mathis request, unless the Assessor has the assessed value of the property. At the Assessor and applicant may have a Withdrawals are final and will conclude	given Addition agreed	the applicanally, the color to withdray	ant a written notice of ounty Board can decounty the appeal.	f an inten cide to re	tion to recom view an asse	imend an increase in essment even though	
Williamans are illiar and will conclude	arry ro		RTIFICATION	riditional	withdrawais	viii be accepted.	
I certify that I am authorized to tr		t all busine		_	, including th	nis withdrawal of	
SIGNATURE			- Press	DATE			
PRINT NAME OF AUTHORIZED SIGNER				TITLE			
COMPANY NAME		EMAIL ADDRESS					
FILING STATUS OWNER AGENT ATTORNEY SPO	DUSE	REGISTER	RED DOMESTIC PARTNER		PARENT	☐ PERSON AFFECTED R DESIGNATED EMPLOYEE	
GALII OKNIAAI TOKNET, STATE BAK NOMBEK.	FC	OR COUNT	Y BOARD USE ONL		NATE OF FIGURE	N DEGIGNATED LIVII EGTEE	
The withdrawal request is accepted and							
The withdrawal request is denied. The will be notified of the date no less than				. Your app	eal will be set f	or hearing, in which you	
The withdrawal request is denied by the proceed with an assessment review to ATTEST BY COUNTY BOARD:	e appe	als board. In	accordance with section			ard has the authority to	
DATED:							
BY:CHAIRPERSON					CLERK OF	THE BOARD	