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.

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

Fax: (805) 781-5023

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT						HEARING DATE if applicable
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. C	. BOX)				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERN	ATE TELEPHONE	FAX TELEPHONE ()
I no longer wish to pursue an assessment that the Assessment Appeal Application I		•	perty, or properties	s, indicate	ed below and	hereby request
APPLICATION NUMBER	PARCEL, ACCOUNT	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 APPLICATION	ONS	ARE LISTED ON	ATTACHMENT. NUM	BER OF F	PAGES ATTACH	ED:
An Assessment Appeal Application may this request, unless the Assessor has g the assessed value of the property. Ad the Assessor and applicant may have ag Withdrawals are final and will conclude a	iven ditior reed	the applicant anally, the count to withdraw th	a written notice of ity Board can dec e appeal.	an inter ide to re	ntion to recom eview an asse	mend an increase in ssment even though
William and and and will considue a	ily iu		FICATION	Haltional	Withdrawalov	viii be docepted.
I certify that I am authorized to tran		t all business		_	, including th	is withdrawal of
SIGNATURE		7.000007770777	прошлерновно	DATE		
PRINT NAME OF AUTHORIZED SIGNER				TITLE		
COMPANY NAME				EMAIL ADDRESS		
FILING STATUS						
OWNER AGENT ATTORNEY SPOU	SE	REGISTERED	DOMESTIC PARTNER	CHILD		PERSON AFFECTED R DESIGNATED EMPLOYEE
CALII ONNIAATTONNET, STATE BAR NOWIBER.	FC	OR COUNTY B	SOARD USE ONLY		DIVATE OF FICER O	N DEGIGNATED EMPLOTEE
The withdrawal request is accepted and v						
The withdrawal request is denied. The As will be notified of the date no less than 45				Your app	eal will be set for	or hearing, in which you
The withdrawal request is denied by the proceed with an assessment review to de						ard has the authority to
ATTEST BY COUNTY BOARD:						
DATED:						
BY:CHAIRPERSON						
CHAIRPERSON					CLERK OF	THE BOARD