

County of Santa Clara

Office of the Clerk of the Board of Supervisors
Assessment Appeals Board
County Government Center, 10th Floor East Wing
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San Jose, California 95110-1770
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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Please use this form to indicate the appeal to be withdrawn. If withdrawing only a portion of an appeal, please indicate which portion is to be withdrawn and which portion should remain open.

Appeal to be withdrawn in its entirety: Yes No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Portion of Appeal to be withdrawn: _____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): _____

(Signed)

(Applicant/Authorized Agent)

Print Name

Date

Property Address

Contact Phone

Email Address

To: Clerk of the Assessment Appeals Board
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