



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

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PHONE (213) 974-1471 / FAX (213) 217-4979

WITHDRAWAL OF AN APPLICATION

ONLY APPLICANT OR ATTORNEY/AUTHORIZED AGENT MAY WITHDRAW AN APPEAL

Date: _____

Name of Applicant: _____

Application Number: _____

Assessor's I.D.: _____

Map Book – Page – Parcel or Bill Number

If you are withdrawing your appeal because it has been resolved with the Assessor's Office, please check this box:

Please explain any other reason(s) for withdrawing (optional):

The undersigned is no longer interested in pursuing the appeal and hereby WITHDRAWS all parcels/bills on the above application.

Signature: _____

Print Name: _____

Title:

Owner Agent Attorney Spouse Child Parent Person Affected
Registered Domestic Partner