

ASSESSMENT APPEAL WITHDRAWAL

Mail, fax, or email the completed form to:

COUNTY OF NEVADA
ASSESSMENT APPEALS BOARD
950 Maidu Avenue, Suite 200
Nevada City, CA 95959

Fax: (530) 265-9836
Email: clerkofboard@co.nevada.ca.us



COUNTY OF NEVADA State of California ASSESSMENT APPEALS BOARD

(Board of Supervisors Office)
Gerald R. Bushore (Chair)
James DalBon
James Rees
David Guerland (alternate)
Vacant (alternate)
Julie Patterson Hunter, Clerk of the Board

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 | ALTERNATE TELEPHONE | FAX |

I no longer wish to pursue an assessment appeal on the property, or properties indicated below and hereby request that the *Application for Change Assessment* be withdrawn.

| | | |
|--------------------|--------------------|------------------------------------|
| APPLICATION NUMBER | TYPE OF ASSESSMENT | PARCEL, ACCOUNT OR TAX BILL NUMBER |
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ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT **NUMBER OF PAGES ATTACHED:** _____

An *Application for Changed Assessment* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request unless the Assessor has given the applicant a written notice of intention to recommend an increase in the assessed value of the property. Additionally, the appeals board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Application for Changed Assessment.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

| | | |
|---------------------------|-------|--------------|
| NAME OF AUTHORIZED SIGNER | TITLE | COMPANY NAME |
|---------------------------|-------|--------------|

FILING STATUS

OWNER AGENT SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE ATTORNEY CALIFORNIA ATTORNEY STATE BAR NUMBER _____

FOR COUNTY BOARD USE ONLY

- The withdrawal request is accepted and will conclude any further action on the appeal.
- The withdrawal request is denied. The assessor has either delivered a notice of increase or objects to the withdrawal. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.

DATED: _____ BY: _____
CLERK OF THE BOARD

- The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

DATED: _____ BY: _____
CHAIR, ASSESSMENT APPEALS BOARD