



County of San Bernardino
Clerk of the Board of Supervisors

385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-4413 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/

REQUEST TO WITHDRAW ASSESSMENT APPEAL(S)

APPLICANT INFORMATION
Applicant Name :
Mailing Address: City: Zip:
Contact Phone No:

AGENT INFORMATION (IF APPLICABLE)
Agency Name:
Agent Last Name: First Name:
Mailing Address: City: Zip:
Contact Phone No:

APPEAL(S) INFORMATION (attach additional sheet if needed)
Appeal Number:
Assessor Parcel Number (APN):
[Repeating rows for multiple appeals]

Please note: Altered forms will not be accepted and will be returned unprocessed.

I request that the appeal(s) indicated above be withdrawn. Applicant Agent

Signature

Please Print Name

Date Signed

Please fax or mail completed/signed form to the number or address listed above. Thank you.