



**Clerk of the Board  
Division of Assessment Appeals**

P.O. Box 1628 Riverside, CA 92502-1628

Phone: 951.955.9688 Fax: 951.955.1409

Email: AAB@rivco.org

**WITHDRAWAL FORM**

Date: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's/Agent's Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Please check one box:

<input type="checkbox"/>	As the Applicant, I am requesting that the Application Number(s) listed below be withdrawn and terminate this matter:
<input type="checkbox"/>	As the duly authorized Agent/Attorney for the Applicant named above, I am requesting that the Application Number(s) and Parcel/Assessment Number(s) listed below be withdrawn and terminate this matter.
<input type="checkbox"/>	As the authorized employee/Corporate Officer, _____ (Title) _____ I am requesting that the Application Number(s) listed below be withdrawn and terminate this matter.

Application Number: _____	Parcel/Assessment Number: _____
Application Number: _____	Parcel/Assessment Number: _____
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Application Number: _____	Parcel/Assessment Number: _____
Application Number: _____	Parcel/Assessment Number: _____

Additional affected application numbers are listed on attachment.  
Number of pages attached: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_