

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Assessment Appeals Board at the address shown

County of San Mateo Assessment Appeals Board

400 County Center, BOS-104 Redwood City, CA 94063
Phone (650) 363-4573 FAX (650) 364-3955
E-Mail: AAB@smcgov.org

Date: _____

Appeal No(s): _____

Company/Applicant: _____

Parcel Number/Account Number: _____

Property Location: _____

Date Scheduled/Hearing Date: _____

I herewith wish to withdraw my application for the assessment appeal as referenced above:

Signature (*Required*): _____

Name (*Please Print*): _____

Address: _____

E-Mail Address: _____

Return to:

Mailing Address:
Assessment Appeals Board Clerk
County of San Mateo
400 County Center, BOS 104
Redwood City, CA 94063

E-Mail (please provide in pdf attachment): AAB@smcgov.org

Fax: (650) 364-3955