



IF YOU WISH TO WITHDRAW (CANCEL) THE APPEAL(S), PLEASE COMPLETE THE INFORMATION BELOW, SIGN, DATE AND RETURN TO:

*Clerk of the Board of
Supervisors Hall of Records,
Room 301 2281 Tulare
Street
Fresno, CA 93721-2198*

- OR -

Fax (559) 600-1608

Please accept this as my authorization to withdraw my application(s) for Equalization Hearing on:

Assessor's Parcel Number(s): _____

Application No(s): _____

Name of Applicant: _____

Hearing Date (if applicable) _____

(Signature)

(Date)