

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

500 County Center, 5th Floor, 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 hereby wish to withdraw my application for the above-referenced assessment appeal(s). I acknowledge that withdrawals are final and also serve to withdraw any claim for refund. Once processed by the Clerk, withdrawals will be taken off calendar and appeals will be permanently closed unless the Assessor has noticed an increase in the assessed value or the Board elects to review the assessment on its own motion.

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