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## **ASSESSMENT APPEALS BOARD HEARING**

## APPLICATION WITHDRAWAL

Pursuant to Section 4831 of the Revenue and Taxation Code, taxpayers may withdraw his/her application from the appeals process. However, the Assessment Appeals Board is not required to accept withdrawal of an application for reduced assessment.

Should you decide to withdraw your application(s), please notify the Executive Office promptly by completing and returning this form to:

MENDOCINO COUNTY EXECUTIVE OFFICE 501 Low Gap Road, Room 1010 Ukiah, CA 95482

Fax To: (If faxed, the original, signed form must also be mailed)

(707) 463-7237

COUNTY OF MENDOCINO BOARD OF SUPERVISORS

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I hereby withdraw my	application(s) for cha	anged as	ssessment.		2017 OCT 30	ם אם בי
Name:	JAMES	Α.	ANGE	EU		/E OFFICE
Address:	A615.	MA	AIN S	51	PER	
	WILL	rs,	AsA	95490	UKIAH. 67	LIFORNIA
APN/Account No.:	006-07	S-0	400			
TAX YEAR PROTESTED:	1016-201	7_	REGU	lar 🗌 Suppleme	ENTAL	
PROTEST/APPLICATION	No. 16-06	4		$\Delta$		
DATE: 0 23	12017		4	Cull		
•	( - ,		Applic	ant's signature (	Original Required)	
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