



**San Bernardino County
Clerk of the Board of Supervisors
Assessment Appeals**

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(909) 387-4413 Fax (909) 387-4554
Email: Appeals@cob.sbcounty.gov
Internet: cob.sbcounty.gov

WITHDRAWAL FORM

APPLICANT/AGENT INFORMATION
Applicant Name:
Agent/Agency:

APPEAL(S) INFORMATION (attach additional sheet if needed)
Hearing Date:
Appeal Number:
Assessor Parcel Number (APN):
Hearing Date:
Appeal Number:
Assessor Parcel Number (APN):
Hearing Date:
Appeal Number:
Assessor Parcel Number (APN):
Hearing Date:
Appeal Number:
Assessor Parcel Number (APN):
Hearing Date:
Appeal Number:
Assessor Parcel Number (APN):
Hearing Date:
Appeal Number:
Assessor Parcel Number (APN):
Hearing Date:
Appeal Number:
Assessor Parcel Number (APN):

I request that the appeal(s) indicated above be withdrawn.

Applicant Agent

Signature

Please Print Name

Date Signed

***Please fax, mail, or email the completed form to the number or address listed above.
Altered forms will not be accepted.***