



Request for Withdrawal of Application for Changed Assessment

I hereby request my Application(s) for Changed Assessment on Assessor's Parcel / Account No(s) listed below be withdrawn:

| Application Number(s) | Parcel/Account Numbers |
|-----------------------|------------------------|
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Signature of Applicant/Agent (*required*)

Date Signed

PLEASE SUBMIT COMPLETED FORM BY MAIL, E-MAIL OR FAX TO:

Butte County Administration
Assessment Appeals
25 County Center Drive, Suite 200
Oroville, CA 95965

OR

Email: kstafford@buttecounty.net

Fax Number: 530-538-7120