



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I hereby request my Application(s) for Changed Assessment on Assessor's Parcel / Account No(s) listed below be withdrawn: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

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: ClerkoftheBoard@ButteCounty.net

Fax Number: 530-538-7120