

**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**

400 County Center, BOS-104 Redwood City, CA 94063  
Phone (650) 363-4573 FAX (650) 364-3955  
E-Mail: [AAB@smcgov.org](mailto: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](mailto:AAB@smcgov.org)

Fax: (650) 364-3955