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**ASSESSMENT APPEALS BOARD**

City Hall, Room 405  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4697

**Withdrawal of Assessment Appeal Application**

*If you do not wish to proceed with your assessment appeal, please complete below, sign, and return to us by email at aab@sfgov.org or fax (415.554.6775) within 15 days of your scheduled hearing date. Upon receipt of this withdrawal, your pending application will be closed by the Assessment Appeals Board and no further action will be taken.*

Application Number(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Scheduled Hearing Date (if applicable): \_\_\_\_\_

Block and Lot Number(s): \_\_\_\_\_

Property Address(s): \_\_\_\_\_

I hereby request to withdraw the above referenced Assessment Appeals Application(s) effective as of the date shown below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Printed Name of Applicant/Agent