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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 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