

App./#Appeal No(s): \_\_\_\_\_

Application Year: \_\_\_\_\_

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

Auditor-Appraiser: \_\_\_\_\_

APN/File No: \_\_\_\_\_

Assessment Appeals Board  
County of Kern  
1115 Truxtun Avenue, Fifth Floor  
Bakersfield CA 93301

Attn: Clerk of the Board

It is requested that the above-referenced Application(s) for Change in Assessment be **withdrawn**.

\_\_\_\_\_  
Print Applicant's Name if Signed by Agent

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
(Name Printed)

\_\_\_\_\_  
Agent's/Attorney's Firm Name

\_\_\_\_\_  
(Date)