This appeal is identified as application number #17-2023

**Date Received:** November 27, 2023 Certification Date: November 21, 2023

**APN's:** 029-381-004

Applicant:
US Bank of California One US Bank Plaza St Louis, MO 63101 **Agent:** Ryan LLC

## **Brief History of Subject**

The applicant has elected to withdraw the appeal as the matter had been resolved by a previous appeal.

We respectfully request that this withdrawal be accepted.

## **ASSESSMENT APPEAL WITHDRAWAL**

 $\mbox{\it Mail}\,$  or fax the completed form to the Clerk of the Board at the address shown.

## APPLICANT AND PROPERTY INFORMATION

	Al I LIC	AITI AITE I	INOT EINTT INTO ONLY	AIIOI			
NAME OF APPLICANT						HEARING DATE if applicable	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)				EMAIL ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNA (	ATE TELEPHONE	FAX TELEPHONE ( )	
I no longer wish to pursue an asset that the Assessment Appeal Appli			property, or propertie	s, indicate	ed below and	hereby request	
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER					
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER					
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER					
An Assessment Appeal Application this request, unless the Assessor the assessed value of the proper the Assessor and applicant may have Withdrawals are final and will conclude a control of the property of the Assessor and applicant may have a control of the property of the Assessor and applicant may have a control of the property of the Assessor and applicant may have a control of the property of the Assessor and applicant may have a control of the Assessor and applicant may have a control of the Assessor and application of the Assessor and application of the Assessor and application of the Assessor and applicant may have a control of the Assessor and applicant may	n may be we has given rty. Additionave agreed clude any functions for the transaction of the transaction may be well as the transaction may be a supported by the supported by the transaction may be a supported by the suppo	vithdrawn at the applica nally, the color to withdraw urther action CER	any time prior to or a nt a written notice o bunty Board can dec the appeal. on the appeal. No co	at the time f an intencide to re conditional	of the hearin tion to recom view an asse withdrawals w	g upon submission of amend an increase in essment even though will be accepted.	
PRINT NAME OF AUTHORIZED SIGNER				TITLE			
COMPANY NAME				EMAIL AD	DRESS		
FILING STATUS  OWNER AGENT ATTORNEY  CALIFORNIA ATTORNEY, STATE BAR NUM	SPOUSE	REGISTER	RED DOMESTIC PARTNER	CHILD	PARENT	☐ PERSON AFFECTED	
	F	OR COUNT	Y BOARD USE ONL	Y			
The withdrawal request is accept	ed and will c	onclude any f	urther action on the app	peal.			
The withdrawal request is denied will be notified of the date no less				e. Your app	eal will be set f	or hearing, in which you	
The withdrawal request is denied proceed with an assessment revi						ard has the authority to	
ATTEST BY COUNTY BOARI	D:						
DATED:							
BY:CHAIRPERSON					CLERK OF THE BOARD		