

Clerk, Board of Equalization  
c/o Board of Supervisors  
County of Alpine  
PO Box 158  
Markleeville CA 96120

RE: Assessment Appeal Application No. \_\_\_\_\_  
Applicant's Name \_\_\_\_\_  
Assessor's Parcel No./Property ID No. \_\_\_\_\_

I hereby request that the Assessment Appeal Application for the above-referenced property be  
withdrawn.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date