

WITHDRAWAL OF APPLICATIONS FOR CORRECTION OF ASSESSMENT

List all parcels covered by the withdrawn application:

Table with 8 columns: Section, Block, Lot, (checkbox)if grouping, Nassau County application #, CA#, from unit, to unit. Includes a note '(this information for condo's only)' under CA#.

Applicant:

Name _____ Relationship to property _____

Address _____

Telephone _____ Fax _____ E-mail _____

I am the applicant or the representative who filed the applications described above. I withdraw the applications as of the date of their filing and understand that a withdrawn application may not serve as the prerequisite for a Small Claims Assessment Review proceeding or other judicial proceeding, including proceedings that have been commenced prior to the filing of this withdrawal.

_____ Date

_____ Signature of applicant

If you have questions about this form call the Assessment Review Commission at 516-571-3214. For information on the Assessment Review Commission visit our website at www.NassauCountyNY.gov/arc.