



## FAX COVER SHEET

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**To:** 7072633703

**From:** Kai Acruz  
<kai.acruz@rpcpropertytax.com>

**Phone Number:** (800) 540-3900

**Date:** 04/29/2024 12:20

**Fax Number:** 7072633703

**Pages (Including cover):** 1

**Re:** Withdrawal Form for Bakhtiari Deborah Ann (APN: 044-320-130-000 // App No 27-2022 & 10-2023)

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**Notes:**

Hello, please see attached withdrawal form for Bakhtiari Deborah Ann (APN: 044-320-130-000 // App No 27-2022 & 10-2023) and confirm its receipt. Thank you!

RECEIVED

APR 29 2024

Lake County  
Assessor-Recorder

BOE-305-WD REV. 02 (07-15)

RECEIVED

**ASSESSMENT APPEAL WITHDRAWAL**

APR 29 2024

Mail or fax the completed form to the Clerk of the Board at the address shown.

County of Lake  
Clerk of The Board  
255 N Forbes Street  
Lakeport, CA 95453

Lake County  
Assessor-Recorder

**APPLICANT AND PROPERTY INFORMATION**

NAME OF APPLICANT Deborah and Karl Bakhtiari				HEARING DATE if applicable May 14, 2024	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 1617 Chapin Avenue				EMAIL ADDRESS	
CITY Burlingame CA	STATE CA	ZIP CODE 94010	DAYTIME TELEPHONE (619) 225-0054	ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( )

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER 27-2022	PARCEL, ACCOUNT OR TAX BILL NUMBER 044-320-130-000
APPLICATION NUMBER 10-2023	PARCEL, ACCOUNT OR TAX BILL NUMBER 044-320-130-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

☐ ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: \_\_\_\_\_

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

**CERTIFICATION**

***I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.***

SIGNATURE 	DATE April 29, 2024
PRINT NAME OF AUTHORIZED SIGNER Ken Sullivan	TITLE Managing Member
COMPANY NAME RPC Property Tax Advisors LLC	EMAIL ADDRESS info@rpcpropertytax.com

FILING STATUS  
☐ OWNER ☒ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED  
☐ CALIFORNIA ATTORNEY, STATE BAR NUMBER: \_\_\_\_\_ ☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

**FOR COUNTY BOARD USE ONLY**

- ☐ The withdrawal request is accepted and will conclude any further action on the appeal.
- ☐ The withdrawal request is denied. The Assessor has delivered a notice of increase. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.
- ☐ The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

ATTEST BY COUNTY BOARD:

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
CHAIRPERSON

\_\_\_\_\_  
CLERK OF THE BOARD