## **ASSESSMENT APPEAL WITHDRAWAL**

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

## **APPLICANT AND PROPERTY INFORMATION**

NAME OF APPLICANT Geysers_Power_Company,_LLC						HEARING DATE if applicable 5/24/2022	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. C	) BOX				EMAIL ADDRESS	0/2 1/2022	
P.O. Box 3288		tonderick@kpmg.com					
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE		RNATE TELEPHONE	FAX TELEPHONE	
Houston	TX	77253-3288	(832 ) 325-1546	6 (	)	( )	
I no longer wish to pursue an assessment that the Assessment Appeal Application			perty, or propertie	s, indica	ated below and	hereby request	
APPLICATION NUMBER 27-2020_through_54-2020			Multiple	<u> </u>			
APPLICATION NUMBER 71-2020 through 74-2020	PARCEL, ACCOUNT  Multiple	PARCEL, ACCOUNT OR TAX BILL NUMBER  Multiple					
APPLICATION NUMBER			PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER			
An Assessment Appeal Application may							
this request, unless the Assessor has g							
the assessed value of the property. Ac							
the Assessor and applicant may have ag						· ·	
Withdrawals are final and will conclude a	any fu	urther action on	the appeal. No co	ondition	al withdrawals	will be accepted.	
		CERTIF	ICATION				
I certify that I am authorized to tra			relating to the ab Appeal Application		ng, including t	his withdrawal of	
SIGNATURE Jafh Ordonia		DATE  May 10, 2022					
PRINT NAME OF AUTHORIZED SIGNER		TITLE					
Tess Onderick		Agent					
COMPANY NAME		EMAIL ADDRESS					
KPMG LLP FILING STATUS				tonderick@kpmg.com			
OWNER AGENT ATTORNEY SPOU	JSE	REGISTERED	DOMESTIC PARTNER	CHIL	D PARENT	PERSON AFFECTED	
CALIFORNIA ATTORNEY, STATE BAR NUMBER:				COR	PORATE OFFICER	OR DESIGNATED EMPLOYEE	
	F	OR COUNTY B	OARD USE ONL	Υ			
☐ The withdrawal request is accepted and	will co	onclude any furth	er action on the ap	peal.			
The withdrawal request is denied. The A will be notified of the date no less than 4				e. Your ap	opeal will be set	for hearing, in which you	
The withdrawal request is denied by the proceed with an assessment review to d						oard has the authority to	
ATTEST BY COUNTY BOARD:							
DATED:							
BY:CHAIRPERSON				CLERK OF THE BOARD			