

MOTION TO WITHDRAW APPEAL

If you do not wish to proceed with your PAAB appeal, complete the form below, sign, and file it with PAAB. Upon receipt of this Motion to Withdraw, your appeal file will be closed and no further action will be taken.

PAAB Docket No. _____

Parcel No. _____

Appellant,

vs.

Appellee.

Property Address:

(Street Address/City, State, Zip)

Scheduled Hearing Date (if applicable): _____

I request withdrawal of the above referenced appeal to PAAB pursuant to Iowa Administrative Code rule 701-71.21(24) and I acknowledge that I may not be able to refile this appeal.

Signature: _____

Date: _____

Phone Number: _____

Email: _____

This form must be filed with PAAB and sent to the opposing party.

Copies to: _____

Property Assessment Appeal Board
PO Box 10486 – Des Moines, IA 50306
(515) 725-0338
paab@iowa.gov