



Charissa Leach, P.E.
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RIVERSIDE COUNTY PLANNING DEPARTMENT

STANDARD LETTER OF APPLICATION WITHDRAWAL OR TRANSFER OF RIGHTS

INCOMPLETE LETTERS WILL NOT BE ACCEPTED AND PROCESSED.

CASE NUMBER(S): _____ Set I.D. No. _____

APPLICATION INFORMATION

Applicant Name: _____ E-Mail: _____

Contact Person: _____ E-Mail: _____
If the applicant is not a person or persons, a contact person and their title is required

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

NOTE: **Only the applicant of record, as shown in the County Land Management System (LMS), can request withdrawal of an application.**

DATE SUBMITTED: _____

(CHECK THE APPROPRIATE BOX)

I _____ hereby verify that I am the applicant of record and request to withdraw the above-referenced application(s) currently on file with the County of Riverside Planning Department.
 Check box if all concurrent cases are to be withdrawn.

I _____ hereby verify that I am not the applicant of record, but have provided relative documents as proof of applicant transfer and request to withdraw the above-referenced application(s) currently on file with the County of Riverside Planning Department
 Check box if all concurrent cases are to be withdrawn.

Riverside Office · 4080 Lemon Street, 12th Floor
P.O. Box 1409, Riverside, California 92502-1409
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 77-588 El Duna Court, Suite H
Palm Desert, California 92211
(760) 863-8277 · Fax (760) 863-7555

"Planning Our Future... Preserving Our Past"

STANDARD LETTER OF APPLICATION WITHDRAWAL OR RIGHTS TRANSFER

I _____ verify that I am the applicant of record, but no longer wish to continue as such, and hereby transfer all rights, privileges, and responsibilities to the new applicant, as indicated below, who verifies receipt thereof.

NEW Applicant Name: _____ E-Mail: _____

Contact Person: _____ E-Mail: _____
If the applicant is not a person or persons, a contact person and their title is required

Mailing Address: _____
Street

City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Signature of Existing Applicant

Signature of New Applicant