PETITION TO RESCIND SALE OF TAX-DEFAULTED PROPERTY

		DATE:	
TO:	County of Los Angele	neth Hahn Hall of Administration t Temple Street	
FROM:	Name:		
	Address:		
	Telephone:		
	Email:		
I request th	nat the Board of Superviso	rs rescind the sale of the tax-defaulted property below:	
Assessor's Identification Number:			
Address/D	escription of property:		
Date of Public Auction:			
Reason for	request:		
Petitioner'	s interest in the property:		
Owne	r of Record at time of sale		
Purch	naser at auction		
Othe	r		
Pri	nted Name	Signature	