

<p><b>BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO</b> 1313 Sherman Street, Room 315 Denver, Colorado 80203</p> <hr/> <p>Petitioner:</p> <p><b>MUTUAL LIFE INSURANCE COMPANY OF NEW YORK,</b></p> <p>v.</p> <p>Respondent:</p> <p><b>ARAPAHOE COUNTY BOARD OF EQUALIZATION.</b></p>	▲
<p>Attorney or Party Without Attorney for the Petitioner:</p> <p>Name: George McElroy &amp; Associates Address: 3131 S. Vaughn Way, #301 Aurora, CO 80014 Phone Number: Attorney Reg. #:</p>	Docket Number: <b>37504</b>
<b>ORDER ON WITHDRAWAL</b>	

**THIS MATTER** was scheduled for a hearing before the Board of Assessment Appeals on January 25, 2002. On January 11, 2002, the Board received Petitioner's request to withdraw the above-captioned appeal. The Board has approved Petitioner's request.

**FINDINGS OF FACT AND CONCLUSIONS:**

1. Subject property is described as follows:

**County Schedule No.: 2077-25-3-13-003**

**Category: Valuation**

**Property Type: Commercial**

2. Petitioner is protesting the 2000 actual value of the subject property.

**ORDER:**

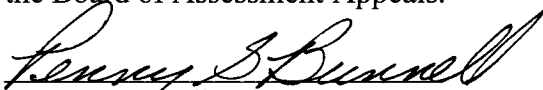
Petitioner's request for withdrawal is granted; therefore, the Board will take no further action on this matter.

**DATED and MAILED** this 15<sup>th</sup> day of January, 2002.


This decision was put on the record

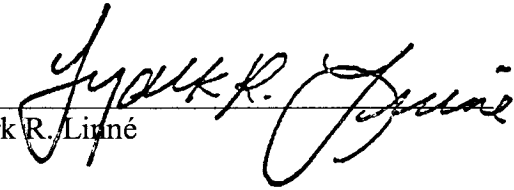
January 14, 2002

I hereby certify that this is a true and correct copy of the decision of the Board of Assessment Appeals.

  
Penny S. Bunnell

**BOARD OF ASSESSMENT APPEALS**

  
Karen E. Hart

  
Mark R. Linné



STATE OF COLORADO  
 BOARD OF ASSESSMENT APPEALS  
 1313 Sherman St., Room 315  
 Denver, CO 80203  
 (303)866-5880

I am inquiring as to whether your circumstances have changed since filing your appeal, and if you still wish to continue with your appeal to hearing.

If at any time since receiving your Notice of Hearing, you decide you DO NOT wish to continue your appeal and choose to withdraw, please sign this letter and return it to the Board of Assessment Appeals. If the Petitioner or Petitioner's representative is not present at the hearing and written notification of your withdrawal is not received prior to the hearing date, the Board will dismiss your appeal at the hearing.

Please notify the ARAPAHOE COUNTY BOARD OF EQUALIZATION of the withdrawal of your appeal by sending them a copy of this letter.

If you wish to go forward with hearing, no response is necessary. Thank you for your patience and cooperation in this matter.

Docket #: 37504

Hearing Room: A

Hearing Date: January 25, 2002

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 STATE OF COLORADO  
 BOARD OF ASSESSMENT APPEALS

MUTUAL LIFE INSURANCE OF NY

Petitioner's Signature:

*[Handwritten Signature]* 12/13/01