

<b>BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO</b> 1313 Sherman Street, Room 315 Denver, Colorado 80203	
Petitioner:  <b>AMERICAN FAMILY MUTUAL INSURANCE COMPANY,</b>  v.  Respondent:  <b>DOUGLAS COUNTY BOARD OF EQUALIZATION.</b>	
Attorney or Party Without Attorney for the Petitioner:  Name: Joseph M. Lanzone Ducharme, McMillen & Associates Address: 3050 W. Aqua Fria Freeway, Suite 250 Phoenix, AZ 85027 Phone Number: 623.582.6655, ext. 437	<b>Docket Number: 41922</b>
<b>ORDER ON WITHDRAWAL</b>	

**THIS MATTER** was scheduled for a hearing before the Board of Assessment Appeals on April 21, 2005. On February 28, 2005, 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:  
  
**Schedule No.: R0411792**  
  
**Category: Valuation      Property Type: Commercial**
2. Petitioner is protesting the 2003 actual value of the subject property.

**ORDER:**

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

**DATED and MAILED** this 2<sup>nd</sup> day of March, 2005.

**BOARD OF ASSESSMENT APPEALS**

*Karen E Hart*

Karen E. Hart

*Debra A. Baumbach*

Debra A. Baumbach

This decision was put on the record

February 28, 2005

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

*Keela K. Steele*  
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Keela K. Steele



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 DOUGLAS 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 #: 41922

Hearing Room: B

Hearing Date: April 21, 2005

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Petitioner's Signature:

*John M. Lange agent 2/24/05*

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BOARD OF ASSESSMENT APPEALS