# BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

COMCAST CABLE HOLDINGS LLC,

v.

Respondent:

ARAPAHOE COUNTY BOARD OF EQUALIZATION.

#### ORDER ON WITHDRAWAL

Docket Number: 62260

The Board received Petitioner's request to withdraw the above-captioned appeal on November 1, 2013. The Board has approved Petitioner's request.

## FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: 84890-14830-024

Category: Valuation Property Type: Commercial Personal

2. Petitioner is protesting the 2013 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 4th day of November 2013.

### **BOARD OF ASSESSMENT APPEALS**

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

Cara McKeller

Diane M. DeVries

Sura a. Baumbach

Debra A. Baumbach



If at any time you decide you DO NOT wish to pursue your appeal and choose to withdraw, please sign this letter and return it to the Board of Assessment Appeals.

Please do not fill out and file this form if you are entering into a stipulation with the county.

**Senior Director Of Tax Comcast** Pamela Willmoth ONE COMCAST CENTER, 32ND FLOOR Philadelphia, PA 19103

Date: 10-25-13

Docket No.: 62260

Hearing Date: November 14, 2013

To: Board of Assessment Appeals 1313 Sherman Street, Room 315

Denver, CO 80203

Via Facsimile: 303,866,4485

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn. I understand that, by withdrawing this appeal, I relinquish all rights to obtaining a reduction in value for the subject property for tax year(s) 2013. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the Arapahoe County Board Of Equalization resulting in a reduction in value.

#### CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of this document was mailed, faxed, or hand delivered to the Arapahoe County Board Of Equalization.

Signature. Pamela Willmoth