# BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

**ILIFF SQUARE LLC** 

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Respondent:

ARAPAHOE COUNTY BOARD OF EQUALIZATION

#### ORDER ON WITHDRAWAL

Docket Number: 66242

The Board received Petitioner's request to withdraw the above-captioned appeal on January 7, 2016. The Board has approved Petitioner's request.

## FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: 1973-26-1-33-001+1

Category: Valuation Property Type: Commercial

2. Petitioner is protesting the 2015 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 7th day of January 2016.

## **BOARD OF ASSESSMENT APPEALS**

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Diane M. DeVries

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

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Debra A. Baumbach



### STATE OF COLORADO BD OF ASSESSMENT APPEALS

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.

PROPERTY TAX ADVISORS, INC. DARIUSH BOZORGPOUR 3090 S. JAMAICA CT., SUITE 204 AURORA, CO 80014

Docket No.:

66242

Petitioner:

ILIFF SQUARE LLC -

Hearing Date: February 5, 2016

To: Board of Assessment Appeals 1313 Sherman Street, Room 315 Denver, Colorado 80203

Via Facsimile: 303.864.7719

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 2015. 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.