BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO	Docket Number:	66312				
1313 Sherman Street, Room 315 Denver, Colorado 80203						
Petitioner:						
40TH STREET PARTNERS LLC -						
Respondent:						
ADAMS COUNTY BOARD OF EQUALIZATION						
ORDER ON WITHDRAWAL						

The Board received Petitioner's request to withdraw the above-captioned appeal on March 18, 2016. The Board has approved Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

	Category:	Valuation		Property Type:	Commercial	
	County Schedule No.: R0161514					
1.	Subject property is described as follows:					

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 25th day of March 2016.

BOARD OF ASSESSMENT APPEALS

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Diane M. DeVries

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Debra A. Baumbach

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of Assessment Appeals.

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

Gordana Katardzic



STATE OF COLORADO BD OF ASSESSMENT APPEALS

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If at any time you decide you DO NOT wish to pursue your appeal and 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.

JOSEPH C. SANSONE COMPANY DAVID JOHNSON 18040 EDISON AVE. CHESTERFIELD, MO 63005

Date:

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

66312 Docket No.: 40TH STREET PARTNERS LLC -Petitioner: Hearing Date: April 13, 2016

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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 Adams 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 Adams County Board Of Equalization.

Signature: DAVID JOHNSON