BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO 1313 Sherman Street, Room 315 Denver, Colorado 80203	Docket Number:	67276			
Petitioner: FLATIRONS MEDICAL DENTAL LLC -					
v.					
Respondent:					
BOULDER COUNTY BOARD OF EQUALIZATION					
ORDER ON WITHDRAWAL					

The Board received Petitioner's request to withdraw the above-captioned appeal on March 9, 2016. The Board has approved Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1.	Subject property is described as follows:					
	County Schedule No.:		R0002703			
	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 16th day of March 2016.

BOARD OF ASSESSMENT APPEALS

KDranom Divine

Diane M. DeVries

Delra a. Baumbach

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



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.

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

Date:

Docket No.: 67276 Petitioner: FLATIRONS MEDICAL DENTAL LLC -Hearing Date: May 13, 2016 Via Facsimile: 303.864.7719

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

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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

Signature: DAVID JOHNSON